

Before Starting the CoC Application

You must submit all three of the following parts in order for us to consider your Consolidated Application complete:

1. the CoC Application,
2. the CoC Priority Listing, and
3. all the CoC's project applications that were either approved and ranked, or rejected.

As the Collaborative Applicant, you are responsible for reviewing the following:

1. The FY 2021 CoC Program Competition Notice of Funding Opportunity (NOFO) for specific application and program requirements.
2. The FY 2021 CoC Application Detailed Instructions which provide additional information and guidance for completing the application.
3. All information provided to ensure it is correct and current.
4. Responses provided by project applicants in their Project Applications.
5. The application to ensure all documentation, including attachment are provided.

Your CoC Must Approve the Consolidated Application before You Submit It
- 24 CFR 578.9 requires you to compile and submit the CoC Consolidated Application for the FY 2021 CoC Program Competition on behalf of your CoC.

- 24 CFR 578.9(b) requires you to obtain approval from your CoC before you submit the Consolidated Application into e-snaps.

Answering Multi-Part Narrative Questions

Many questions require you to address multiple elements in a single text box. Number your responses to correspond with multi-element questions using the same numbers in the question. This will help you organize your responses to ensure they are complete and help us to review and score your responses.

Attachments

Questions requiring attachments to receive points state, "You Must Upload an Attachment to the 4B. Attachments Screen." Only upload documents responsive to the questions posed—including other material slows down the review process, which ultimately slows down the funding process. Include a cover page with the attachment name.

- Attachments must match the questions they are associated with—if we do not award points for evidence you upload and associate with the wrong question, this is not a valid reason for you to appeal HUD's funding determination.

- We must be able to read the date and time on attachments requiring system-generated dates and times, (e.g., a screenshot displaying the time and date of the public posting using your desktop calendar; screenshot of a webpage that indicates date and time).

1A. Continuum of Care (CoC) Identification

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions—essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

1A-1. CoC Name and Number: PA-603 - Beaver County CoC

1A-2. Collaborative Applicant Name: County of Beaver

1A-3. CoC Designation: CA

1A-4. HMIS Lead: County of Beaver

1B. Coordination and Engagement–Inclusive Structure and Participation

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
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1B-1.	Inclusive Structure and Participation–Participation in Coordinated Entry.	
	NOFO Sections VII.B.1.a.(1), VII.B.1.e., VII.B.1.n., and VII.B.1.p.	

In the chart below for the period from May 1, 2020 to April 30, 2021:

1.	select yes or no in the chart below if the entity listed participates in CoC meetings, voted—including selecting CoC Board members, and participated in your CoC’s coordinated entry system; or
2.	select Nonexistent if the organization does not exist in your CoC’s geographic area:

	Organization/Person	Participated in CoC Meetings	Voted, Including Electing of CoC Board Members	Participated in CoC’s Coordinated Entry System
1.	Affordable Housing Developer(s)	Yes	Yes	No
2.	Agencies serving survivors of human trafficking	Yes	Yes	Yes
3.	CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes	Yes
4.	CoC-Funded Victim Service Providers	Nonexistent	No	No
5.	CoC-Funded Youth Homeless Organizations	Nonexistent	No	No
6.	Disability Advocates	Yes	Yes	Yes
7.	Disability Service Organizations	Yes	No	No
8.	Domestic Violence Advocates	Yes	Yes	Yes
9.	EMS/Crisis Response Team(s)	No	No	No
10.	Homeless or Formerly Homeless Persons	Yes	Yes	Yes
11.	Hospital(s)	Yes	No	No
12.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	Nonexistent	No	No
13.	Law Enforcement	Yes	Yes	No
14.	Lesbian, Gay, Bisexual, Transgender (LGBT) Advocates	Yes	No	No
15.	LGBT Service Organizations	Yes	No	No
16.	Local Government Staff/Officials	Yes	Yes	No
17.	Local Jail(s)	No	No	No
18.	Mental Health Service Organizations	Yes	Yes	No

19.	Mental Illness Advocates	Yes	Yes	No
20.	Non-CoC Funded Youth Homeless Organizations	Yes	Yes	No
21.	Non-CoC-Funded Victim Service Providers	Yes	Yes	Yes
22.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	Yes	No	Yes
23.	Organizations led by and serving LGBT persons	Yes	No	No
24.	Organizations led by and serving people with disabilities	Yes	No	No
25.	Other homeless subpopulation advocates	Yes	Yes	No
26.	Public Housing Authorities	Yes	Yes	Yes
27.	School Administrators/Homeless Liaisons	Yes	Yes	No
28.	Street Outreach Team(s)	Yes	Yes	Yes
29.	Substance Abuse Advocates	Yes	Yes	No
30.	Substance Abuse Service Organizations	Yes	Yes	No
31.	Youth Advocates	Yes	Yes	Yes
32.	Youth Service Providers	Yes	Yes	Yes
Other:(limit 50 characters)				
33.	Job Training/Employment Services	Yes	Yes	No
34.	Aging Services	Yes	Yes	No

1B-2.	Open Invitation for New Members.	
	NOFO Section VII.B.1.a.(2)	

Describe in the field below how your CoC:	
1.	communicated the invitation process annually to solicit new members to join the CoC;
2.	ensured effective communication with individuals with disabilities, including the availability of accessible electronic formats;
3.	conducted outreach to ensure persons experiencing homelessness or formerly homeless persons are encouraged to join your CoC; and
4.	invited organizations serving culturally specific communities experiencing homelessness in the geographic area to address equity (e.g., Black, Latino, Indigenous, persons with disabilities).

(limit 2,000 characters)

1. We hold an open invitation for anyone interested in addressing homelessness to join our Housing & Homeless Coalition (which is our monthly CoC member meeting). This invitation is included on the agenda that is emailed to the listserv of over 250 entities and it is in the meeting minutes which are posted on our resource directory website. Members are encouraged to invite new members. The CoC Coordinator shares meeting invitations at these meetings with landlords, schools, community initiatives, racial equity meetings, etc.
2. Since April 2020, the CoC member meeting has taken place on Zoom - and attendance never waned! This platform enables users to select closed captioning options. We intend to continue to offer this option. We also ensure effective communication with people with disabilities through the use of: email to our listserv of over 250 people, PDF files, websites, and face to face communication. The County also shares its Uniphone (for hearing impaired people) and translation services with CoC partners.
3. CoC partners invite people with lived experience to the monthly Member meetings. We also invite our outreach volunteers with lived exp. to join the

meetings. We acknowledge there may be unique challenges to attending the meetings so we also offer: TA for accessing the online format, transportation, preparation for what to expect at the meeting, not requiring attendance, and minutes to stay informed regardless of attendance.

4. The CoC Coordinator attended 2 inclusion events to present on our efforts to ensure racial equity in our programs. She invited interested attendees to join the CoC. We also continue to partner with several Black led agencies. And we partner with several member organizations who serve people with disabilities including: The Association for the Blind, Beaver County Rehabilitation Center (for people with intellectual challenges), The Mental Health Association, and the Disabilities Option Network among others.

1B-3.	CoC's Strategy to Solicit/Consider Opinions on Preventing and Ending Homelessness.	
	NOFO Section VII.B.1.a.(3)	

Describe in the field below how your CoC:	
1.	solicited and considered opinions from a broad array of organizations and individuals that have knowledge of homelessness, or an interest in preventing and ending homelessness;
2.	communicated information during public meetings or other forums your CoC uses to solicit public information; and
3.	took into consideration information gathered in public meetings or forums to address improvements or new approaches to preventing and ending homelessness.

(limit 2,000 characters)

1 and 2. Our CoC uses a variety of means to solicit input and communicate critical information. We hold monthly member meetings where half of the meeting is open to members to make suggestions, provide updates, and highlight gaps in services. About 50 people attend including: housing partners, landlords, treatment providers, utility asst, law enforcement, food resources, and formerly homeless people. Minutes from the monthly meeting are publicly posted to share the information and seek input from a wider audience. Opinions are also sought at our quarterly Governing Board meetings. We seek input via surveys, announcements, RFPs etc through our listserv of over 250 people. We use a Request for Proposals process for funding proposals. The RFPs are emailed through the listserv with a request to share them with their respective networks and posted on the Collaborative Applicant's (CA) website and occasionally the County website. We used our local newspaper (which also has an online presence) to post funding opportunities and seek input on how ESG-CV and CDBG-CV funds should be used. The ideas received through that effort were funded. We also have presented our efforts on the local radio. The CoC Coordinator also communicates information and gathers public input by attending community meetings including but not limited to: schools' homeless liaisons, Chiefs of Police association, local racial equity efforts, neighborhood watch, and landlord meetings. She gathers information on best/promising practices to end homelessness at: Housing Alliance of PA, HUD SNAPS Covid meetings, Anti-Human Trafficking, technical assistance trainings offered by our local HUD field office, and the Statewide CoC mtg. The Collaborative Applicant also solicits input on priority issues for CDBG and HOME funding.

3. The CoC Coord. then disburses information gathered at these meetings to the appropriate subcommittees for follow up or to the Governing Board for formal action.

1B-4.	Public Notification for Proposals from Organizations Not Previously Funded.	
	NOFO Section VII.B.1.a.(4)	

Describe in the field below how your CoC notified the public:	
1.	that your CoC's local competition was open and accepting project applications;
2.	that your CoC will consider project applications from organizations that have not previously received CoC Program funding;
3.	about how project applicants must submit their project applications;
4.	about how your CoC would determine which project applications it would submit to HUD for funding; and
5.	how your CoC effectively communicated with individuals with disabilities, including making information accessible in electronic formats.

(limit 2,000 characters)

1. It was announced at the July member and Governing Board meetings that the CoC competition should open soon. When the NOFO was released, the Collaborative Applicant (CA) created a Request for Proposals (RFP) which was emailed as a PDF through the listserv of over 250 entities on 8/30/21. It was posted in the local newspaper on 9/2/21 and placed on the CA's website on 9/3/21. It was shared at the member meeting on 9/8/21 and with the Governing Board on 9/9/21 with a request to share it with their networks. The CoC Coord. also shared the RFP at other community meetings she attended.
2. The CoC ensured entities who had not previously been funded knew they were eligible and welcomed to apply by: explicitly stating that in the RFP, asking partners to share the RFP with their networks to reach those not previously funded, and publicly posting it on the CA's website and the local newspaper.
3. The RFP detailed: eligibility, content that the proposals should cover (including: project design, target pop, available supports, outcomes, budget, and capacity with homelessness and federal funds), the submission deadline, submission location, and how to ask questions.
4. Based on performance data, the Governing Board voted on 8/30/2021 to not reallocate any of the renewal funding. So only Bonus funds were included in the RFP. The two proposals we received did not exceed that available funding and were then reviewed by the CoC Coordinator for eligibility, capacity, and whether they filled a need in our CoC (as outlined in our Strategic Plan). Both proposals met these standards, were reviewed by the CA, and accepted to be included in the 2021 CoC submission to HUD.
5. The RFP was shared through these mediums to reach people with diverse abilities: as a PDF, on Zoom, in the local newspaper which also has an electronic format, on the CA's website, and via email. These electronic tools made the RFP accessible to a wide audience. Interpreter services were also available.

1C. Coordination and Engagement–Coordination with Federal, State, Local, Private, and Other Organiza

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1C-1.	Coordination with Federal, State, Local, Private, and Other Organizations.	
	NOFO Section VII.B.1.b.	

In the chart below:

- | | |
|----|--|
| 1. | select yes or no for entities listed that are included in your CoC’s coordination, planning, and operations of projects that serve individuals, families, unaccompanied youth, persons who are fleeing domestic violence who are experiencing homelessness, or those at risk of homelessness; or |
| 2. | select Nonexistent if the organization does not exist within your CoC’s geographic area. |

	Entities or Organizations Your CoC Coordinates with for Planning or Operations of Projects	Coordinates with Planning or Operations of Projects
1.	Funding Collaboratives	Nonexistent
2.	Head Start Program	Yes
3.	Housing and services programs funded through Local Government	Yes
4.	Housing and services programs funded through other Federal Resources (non-CoC)	Yes
5.	Housing and services programs funded through private entities, including Foundations	Yes
6.	Housing and services programs funded through State Government	Yes
7.	Housing and services programs funded through U.S. Department of Health and Human Services (HHS)	Yes
8.	Housing and services programs funded through U.S. Department of Justice (DOJ)	Yes
9.	Housing Opportunities for Persons with AIDS (HOPWA)	Nonexistent
10.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	Nonexistent
11.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	Yes
12.	Organizations led by and serving LGBT persons	Yes
13.	Organizations led by and serving people with disabilities	Yes
14.	Private Foundations	Yes
15.	Public Housing Authorities	Yes
16.	Runaway and Homeless Youth (RHY)	Nonexistent
17.	Temporary Assistance for Needy Families (TANF)	Yes
	Other:(limit 50 characters)	

18.		
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1C-2.	CoC Consultation with ESG Program Recipients.	
	NOFO Section VII.B.1.b.	

Describe in the field below how your CoC:	
1.	consulted with ESG Program recipients in planning and allocating ESG and ESG-CV funds;
2.	participated in evaluating and reporting performance of ESG Program recipients and subrecipients;
3.	provided Point-in-Time (PIT) count and Housing Inventory Count (HIC) data to the Consolidated Plan jurisdictions within its geographic area; and
4.	provided information to Consolidated Plan Jurisdictions within your CoC's geographic area so it could be addressed in Consolidated Plan update.

(limit 2,000 characters)

1. The ESG recipient consults directly with the CoC Coordinator when planning and allocating ESG and ESG-CV funds. They review the current CoC Strategic Plan to target funding toward gaps and areas of need. With the ESG-CV funds they placed an ad in the local newspaper to solicit input from the public on how the funds should be allocated. The received input was closely aligned with the Strategic Plan thus they allocated funds to these areas. The ESG recipient sits on the CoC Governing Board and regularly attends the monthly CoC member meeting, so they are well informed to make funding decisions in alignment with the CoC's efforts to end homelessness in our community.
2. The ESG recipient requires monthly reports from the subrecipient, meets with them monthly for TA along with the CoC Coordinator, and conducts annual evaluations to monitor performance. The CoC Coord. reviews ESG performance data and works with the Recipient to address any areas in need of improvement – outcomes, addressing new challenges etc. Similarly, the CoC Coord. meets with the subrecipient and together they develop strategies to best meet current needs and to address any challenges. The CoC Coordinator assists with the submission of the ESG-CV reports by ensuring the bundles are correct and working with the HMIS Lead and subrecipients to ensure data accuracy. The CoC Coord. and Recipient review the reports to monitor progress and adjust as needed.
3. After submitting the PIT and HIC reports to HUD, the CoC Coordinator shares the reports with the ESG recipient/Collaborative Applicant (CA). These reports help to inform the Consolidated Plan.
4. The CoC Coordinator provides annual updates to the CA for the Consolidated Plan which include: structure in place, gaps in services, outcomes, and strategies for maintaining/improving outcomes. Also the CA regularly participates in CoC meetings and they include this information in the Consolidated Plan as well.

1C-3.	Ensuring Families are not Separated.	
	NOFO Section VII.B.1.c.	

Select yes or no in the chart below to indicate how your CoC ensures emergency shelter, transitional housing, and permanent housing (PSH and RRH) do not deny admission or separate family members regardless of each family member's self-reported gender:

1.	Conducted mandatory training for all CoC- and ESG-funded service providers to ensure families are not separated.	Yes
2.	Conducted optional training for all CoC- and ESG-funded service providers to ensure families are not separated.	No
3.	Worked with ESG recipient(s) to adopt uniform anti-discrimination policies for all subrecipients.	Yes
4.	Worked with ESG recipient(s) to identify both CoC- and ESG-funded facilities within your CoC's geographic area that might be out of compliance and took steps to work directly with those facilities to bring them into compliance.	No
5.	Sought assistance from HUD by submitting AAQs or requesting technical assistance to resolve noncompliance of service providers.	No
6.	Other. (limit 150 characters)	
	Reminders provided at the biweekly Coordinated Entry case review meetings.	Yes

1C-4.	CoC Collaboration Related to Children and Youth—SEAs, LEAs, Local Liaisons & State Coordinators.	
	NOFO Section VII.B.1.d.	

Describe in the field below:	
1.	how your CoC collaborates with youth education providers;
2.	your CoC's formal partnerships with youth education providers;
3.	how your CoC collaborates with State Education Agency (SEA) and Local Education Agency (LEA);
4.	your CoC's formal partnerships with SEAs and LEAs;
5.	how your CoC collaborates with school districts; and
6.	your CoC's formal partnerships with school districts.

(limit 2,000 characters)

1 and 2. Our CoC collaborates with youth education providers by inviting them to our monthly member meetings where attendees are given the opportunity to express concerns, suggestions, and updates. Entities who attend include: local school districts, Head Start/Early Head Start, and Lifesteps. Youth education providers are also included on our listserv so they receive important updates about severe weather resources, food security resources, and funding opportunities. The CoC's formal partnerships are evidenced by the CoC Coord. serving on the local Head Start policy council, and youth education providers attending the monthly member meeting.

3 and 4. Our Local Education Agency (LEA) invites the CoC programs to trainings to learn about countywide and regional trends, and resources and services available through their office such as back packs, hygiene items, school supplies, food, and clothes. The LEA helps the CoC interface with the schools by sending referrals from the homeless liaisons and supporting the schools with completing the Point In Time survey for the CoC. The LEA and CoC Coord. present at each other's meetings, are available for case reviews and problem solving, share data, and partner for the Point In Time survey. Formally, the LEA is also a member of our CoC Governing Board ensuring that our programs and planning efforts adequately address the needs of homeless students.

5 and 6. The LEA helps to bridge school districts and the CoC. This is done by including the CoC in the trainings that the LEA provides to the districts. Through these meetings, the CoC directly informs the homeless liaisons (staff who have direct contact with students) of the CoC programs and information on how to access them. The homeless liaison staff are also on the CoC listserv

receiving important updates. The connection between the CoC and the homeless liaison staff help streamline homeless assistance to households in need in the schools.

1C-4a.	CoC Collaboration Related to Children and Youth–Educational Services–Informing Individuals and Families Experiencing Homelessness about Eligibility.	
	NOFO Section VII.B.1.d.	

Describe in the field below written policies and procedures your CoC adopted to inform individuals and families who become homeless of their eligibility for educational services.

(limit 2,000 characters)

Our CoC Policies & Procedures include a McKinney Vento policy. It outlines the expectation that the CoC and ESG funded programs advocate for the children’s education needs per McKinney Vento. The programs ensure Households are aware of their right to attend school in their home school district. They advocate for these rights with the schools reminding them of their requirement to provide transportation regardless of where the household is residing. The programs are aware that if they encounter difficulty arranging enrollment with the schools that they are to contact the Local Education Agency (LEA). The LEA then works with the school to educate them on the protections mandated by McKinney-Vento. The CoC policy also states that the programs are expected to attend the annual McKinney Vento training provided by the LEA so they are well versed in the protections and any changes in supports and resources available to homeless youth through the LEA’s office. Further, the CoC monitoring team annually monitors the CoC funded programs which includes looking for their program specific McKinney Vento policies and evidence of the policy being implemented in progress notes (i.e. notes that demonstrate the case workers discussed with households their eligibility for educational services). Programs further demonstrate their knowledge of McKinney-Vento protections during case reviews at Coordinated Entry (CE) meetings with the CoC Coordinator. The CE group reminds each other when McKinney-Vento protections could benefit a household.

1C-4b.	CoC Collaboration Related to Children and Youth–Educational Services–Written/Formal Agreements or Partnerships with Early Childhood Services Providers.	
	NOFO Section VII.B.1.d.	

Select yes or no in the chart below to indicate whether your CoC has written formal agreements or partnerships with the listed providers of early childhood services:

		MOU/MOA	Other Formal Agreement
1.	Birth to 3 years	No	Yes
2.	Child Care and Development Fund	No	No
3.	Early Childhood Providers	No	Yes
4.	Early Head Start	No	Yes
5.	Federal Home Visiting Program–(including Maternal, Infant and Early Childhood Home and Visiting or MIECHV)	No	No

6.	Head Start	No	Yes
7.	Healthy Start	No	No
8.	Public Pre-K	No	Yes
9.	Tribal Home Visiting Program	No	No
	Other (limit 150 characters)		
10.			

1C-5.	Addressing Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors--Annual Training--Best Practices.	
	NOFO Section VII.B.1.e.	

Describe in the field below how your CoC coordinates to provide training for:

1.	Project staff that addresses safety and best practices (e.g., trauma-informed, victim-centered) on safety and planning protocols in serving survivors of domestic violence and indicate the frequency of the training in your response (e.g., monthly, semi-annually); and
2.	Coordinated Entry staff that addresses safety and best practices (e.g., trauma informed care) on safety and planning protocols in serving survivors of domestic violence and indicate the frequency of the training in your response (e.g., monthly, semi-annually).

(limit 2,000 characters)

1. Our local Victim Service Provider (VSP) presents an at least annual training at our monthly member meeting. This year one was conducted in May to share special safety concerns for DV households as a result of the pandemic lock down. Another training was presented by the VSP at the October meeting. These trainings include updated trends in service delivery, the importance of victim centered approaches, changing local needs (particular during the pandemic), signs for which to be alert, available resources, and tips for rendering trauma informed care. Additionally, our CoC partners work very closely with the VSP. They offer VSP referrals to all households who present with DV status. The VSP is also available to provide expertise as needed to the programs. Additionally, the CoC funded programs are monitored annually for VAWA policies and procedures to be in place. The CoC makes every effort to move a client when requested to a suitable unit that offers protections while ensuring client confidentiality at each step.

2. The Coordinated Entry (CE) staff attend the monthly member meeting and so they also received the trainings described above. Additionally, the CE provider has two staff members who previously worked for the VSP so they naturally embed that knowledge and expertise into the CE process. The VSP helped to design our CE procedures, so it was built on the best practices of trauma informed care and victim centered approaches. The VSP also developed a simple safety plan for the CE staff to complete with households who do not want a VSP referral. The CE screening tool provides a prompt to complete the safety plan when the households answer positively to DV questions. The CE tool also gives higher priority to DV households. The VSP also serves on the Governing Board ensuring that safety and trauma informed considerations are embedded into CE programs and services.

1C-5a.	Addressing Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors--Using De-identified Aggregate Data.	
	NOFO Section VII.B.1.e.	

Describe in the field below how your CoC uses de-identified aggregate data from a comparable database to assess the special needs related to domestic violence, dating violence, sexual assault, and stalking survivors.

(limit 2,000 characters)

The Victim Service Provider (VSP) maintains a separate comparable database that collects all HUD required data elements. And they share deidentified aggregate data anytime the CoC requests it. They fully participate in the Point In Time survey again with deidentified aggregate data. Additionally, the VSP analyzes their data and openly shares the special needs they discover with the CoC so that we can work collaboratively to best address those needs. For example, last winter the VSP had to reduce it's shelter capacity to accommodate for social distancing. Through meetings with the CoC Coordinator and the County, they detailed the special needs of DV households who they were sheltering in hotels. The County responded by providing additional funding to the VSP so they could address these needs such as food and transportation. Additionally, the VSP shared that their clients were facing barriers to accessing PH so through the 2019 CoC Competition, the Housing Authority and the VSP partnered to address this issue. As a result, we now have a CoC funded RRH program that specifically serves households with DV status. Because the VSP monitors their data and shares it openly with the CoC Coord., the CoC is able to respond accordingly to best address these unique DV needs.

1C-5b.	Addressing Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors—Coordinated Assessment—Safety, Planning, and Confidentiality Protocols.	
	NOFO Section VII.B.1.e.	

Describe in the field below how your CoC's coordinated entry system protocols incorporate trauma-informed, victim-centered approaches while maximizing client choice for housing and services that:

1.	prioritize safety;
2.	use emergency transfer plan; and
3.	ensure confidentiality.

(limit 2,000 characters)

1. The Coordinated Entry (CE) tool screens for safety issues. Once the tool is triggered with a DV safety concern response, it prompts the screener to complete a safety plan with the household. The screener also offers a referral to the Victim Service Provider (VSP). The CE tool prioritizes households with safety concerns thereby shortening their time homeless which we know to be a best practice for safety for households fleeing DV. CE staff are trained by the VSP on warning signs and trauma informed best practices, and the importance of client choice.
2. All CoC and ESG funded programs have Policies & Procedures around VAWA and the option of emergency transfers. The PH and TH programs tend to use the transfer process more than CE does but all entities are aware of the protections VAWA offers. The CoC makes every effort to accommodate requests for transfer to suitable units and while ensuring confidentiality at each step.
3. Once a household identifies as having DV status during the CE screening, all of the household documents are then given a unique identifier thereby protecting the household's confidentiality. If the household is placed on a

waiting list, the unique identifier is used as their placeholder. When the housing program is ready to engage the household they contact the CE screener who then contacts the household to get permission to release their information to the specific program. This ensures that only the entities working directly with the household (and with the household's consent) will see the household's information.

1C-6.	Addressing the Needs of Lesbian, Gay, Bisexual, Transgender–Anti-Discrimination Policy and Training.	
	NOFO Section VII.B.1.f.	

1.	Did your CoC implement a written CoC-wide anti-discrimination policy ensuring that LGBT individuals and families receive supportive services, shelter, and housing free from discrimination?	Yes
2.	Did your CoC conduct annual CoC-wide training with providers on how to effectively implement the Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity (Equal Access Final Rule)?	Yes
3.	Did your CoC conduct annual CoC-wide training with providers on how to effectively implement Equal Access to Housing in HUD Programs in Accordance with an Individual's Gender Identity (Gender Identity Final Rule)?	Yes

1C-7.	Public Housing Agencies within Your CoC's Geographic Area–New Admissions–General/Limited Preference–Moving On Strategy. You Must Upload an Attachment(s) to the 4B. Attachments Screen.	
	NOFO Section VII.B.1.g.	

Enter information in the chart below for the two largest PHAs highlighted in gray on the CoC-PHA Crosswalk Report at <https://files.hudexchange.info/resources/documents/FY-2020-CoC-PHA-Crosswalk-Report.pdf> or the two PHAs your CoC has a working relationship with—if there is only one PHA in your CoC's geographic area, provide information on the one:

Public Housing Agency Name	Enter the Percent of New Admissions into Public Housing and Housing Choice Voucher Program During FY 2020 who were experiencing homelessness at entry	Does the PHA have a General or Limited Homeless Preference?	Does the PHA have a Preference for current PSH program participants no longer needing intensive supportive services, e.g., Moving On?
Housing Authority of the County of Beaver	34%	Yes-Both	Yes
N/A			

1C-7a.	Written Policies on Homeless Admission Preferences with PHAs.	
	NOFO Section VII.B.1.g.	

Describe in the field below:

1.	steps your CoC has taken, with the two largest PHAs within your CoC's geographic area or the two PHAs your CoC has working relationships with, to adopt a homeless admission preference—if your CoC only has one PHA within its geographic area, you may respond for the one; or
2.	state that your CoC has not worked with the PHAs in its geographic area to adopt a homeless admission preference.

(limit 2,000 characters)

Our CoC works very closely with our only Public Housing Authority (PHA) in our

jurisdiction - the Housing Authority of the County of Beaver. The PHA holds 3 CoC grants for permanent housing programs (2 for PSH, and 1 for RRH for households with DV status) and they serve on our Governing Board. The PHA has been a critical and long-time partner in the CoC's efforts to combat homelessness. In fact, the PHA has had a homeless preference in place for many years for both Public Housing and Housing Choice Vouchers. When Mainstream Vouchers became available, the PHA and CoC Coordinator met to decide how we could use the vouchers to fill CoC gaps. Together they decided to use them to assist formerly homeless households who stabilized in PSH and RRH programs to move on to independent permanent housing. This would enable those households to live in a more independent setting and it would open spaces in PSH and RRH for currently homeless households. When the PHA received the Mainstream vouchers in 2019, they updated their Housing Choice Voucher preferences to include previously homeless people who are exiting from permanent supportive housing or rapid rehousing.

1C-7b.	Moving On Strategy with Affordable Housing Providers.	
	Not Scored—For Information Only	

Select yes or no in the chart below to indicate affordable housing providers in your CoC's jurisdiction that your recipients use to move program participants to other subsidized housing:

	1. Multifamily assisted housing owners	Yes
	2. PHA	Yes
	3. Low Income Tax Credit (LIHTC) developments	Yes
	4. Local low-income housing programs	Yes
	Other (limit 150 characters)	
	5. Mainstream Vouchers	Yes

1C-7c.	Including PHA-Funded Units in Your CoC's Coordinated Entry System.	
	NOFO Section VII.B.1.g.	

Does your CoC include PHA-funded units in the CoC's coordinated entry process?	Yes
--	-----

1C-7c.1.	Method for Including PHA-Funded Units in Your CoC's Coordinated Entry System.	
	NOFO Section VII.B.1.g.	

If you selected yes in question 1C-7c., describe in the field below:

1.	how your CoC includes the units in its Coordinated Entry process; and
2.	whether your CoC's practices are formalized in written agreements with the PHA, e.g., MOUs.

(limit 2,000 characters)

The Public Housing Authority(PHA) holds three CoC grants – two for PSH

programs and one for RRH for people with DV status. All of these units are made available through Coordinated Entry. Although an additional formal written agreement is not in place between the PHA and the CoC, we feel the CoC grant agreements clearly capture this partnership. Further, under certain circumstances (stable income, minimal supportive service needs, limited rental history etc), the needs of some homeless households are better met through PHA units. Access to these units also keeps the household from entering the homeless system which we know is a best practice when possible. When such a household is identified in our Coordinated Entry meetings, our PHA partner who participates in the meetings will then facilitate the PHA application process. This application process can be lengthy and involve multiple steps. So the PHA contact person monitors this process and remains engaged with the household to guide them through each of the steps. The PHA contact person also ensures that the household receives the homeless preference (as we have learned over the years that not all households make their homeless status known through the PHA application process) and follows the household until they are successfully housed. These additional efforts by the PHA contact person, thereby makes PHA units more accessible to homeless households coming through Coordinated Entry. The PHA also makes this extra assistance available to homeless households who are identified through means other than Coordinated Entry such as outreach or self-referral.

1C-7d.	Submitting CoC and PHA Joint Applications for Funding for People Experiencing Homelessness.	
	NOFO Section VII.B.1.g.	

Did your CoC coordinate with a PHA(s) to submit a joint application(s) for funding of projects serving families experiencing homelessness (e.g., applications for mainstream vouchers, Family Unification Program (FUP), other non-federal programs)?	Yes
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1C-7d.1.	CoC and PHA Joint Application—Experience—Benefits.	
	NOFO Section VII.B.1.g.	

If you selected yes to question 1C-7d, describe in the field below:

- | | |
|----|--|
| 1. | the type of joint project applied for; |
| 2. | whether the application was approved; and |
| 3. | how your CoC and families experiencing homelessness benefited from the coordination. |

(limit 2,000 characters)

1 and 2. The Public Housing Authority partners with the CoC through the CoC Competition every year for 2 PSH programs and 1 RRH program. The CoC and PHA also worked together on applying for Mainstream and Foster Youth to Independence vouchers to serve homeless households. Both applications were approved. 30 vouchers were made available through Mainstream and up to 25 vouchers may be requested for FYI. It should be noted as asked in question 1C-7e1. that our PHA did not receive any Emergency Housing Vouchers.
 3. The PHA’s CoC funded programs served 106 households in the last year making a significant impact in the CoC response to homelessness. The Mainstream vouchers are used as part of the Moving On Strategy – leading to

formerly homeless households moving to more independent settings thereby opening space in PSH and RRH for currently homeless households. This resulted in a significant number of units for currently homeless households and in some cases shortened the length of time homeless. Historically, CoC partners noticed that PSH and RRH were not always the best at meeting the unique needs of the homeless youth/young adult population. When the FYI vouchers became available, the Housing Authority, the CoC, the Child Welfare agency, and a faith initiative worked together for the opportunity. Coordinated Entry screens for homeless youth who had foster care experience and refers them to the Child Welfare agency for eligibility determination. Through the team approach then the youth are guided through locating an appropriate unit and utilizing the voucher. This tailored approach leads to more stable housing outcomes for this population especially with the specialized on-going case management in place even after housing placement.

1C-7e.	Coordinating with PHA(s) to Apply for or Implement HCV Dedicated to Homelessness Including American Rescue Plan Vouchers.	
	NOFO Section VII.B.1.g.	

Did your CoC coordinate with any PHA to apply for or implement funding provided for Housing Choice Vouchers dedicated to homelessness, including vouchers provided through the American Rescue Plan?	Yes
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1C-7e.1.	Coordinating with PHA(s) to Administer Emergency Housing Voucher (EHV) Program–List of PHAs with MOUs.	
	Not Scored–For Information Only	

Did your CoC enter into a Memorandum of Understanding (MOU) with any PHA to administer the EHV Program?	No
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If you select yes, you must use the list feature below to enter the name of every PHA your CoC has entered into a MOU with to administer the Emergency Housing Voucher Program.

PHA
This list contains no items

1C. Coordination and Engagement–Coordination with Federal, State, Local, Private, and Other Organiza

1C-8.	Discharge Planning Coordination.	
	NOFO Section VII.B.1.h.	

Select yes or no in the chart below to indicate whether your CoC actively coordinates with the systems of care listed to ensure persons who have resided in them longer than 90 days are not discharged directly to the streets, emergency shelters, or other homeless assistance programs.

1. Foster Care	Yes
2. Health Care	Yes
3. Mental Health Care	Yes
4. Correctional Facilities	Yes

1C-9.	Housing First–Lowering Barriers to Entry.	
	NOFO Section VII.B.1.i.	

1.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects your CoC is applying for in FY 2021 CoC Program Competition.	7
2.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects your CoC is applying for in FY 2021 CoC Program Competition that have adopted the Housing First approach.	7
3.	This number is a calculation of the percentage of new and renewal PSH, RRH, Safe-Haven, SSO non-coordinated entry projects the CoC has ranked in its CoC Priority Listing in the FY 2021 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing.	100%

1C-9a.	Housing First–Project Evaluation.	
	NOFO Section VII.B.1.i.	

Describe in the field below how your CoC regularly evaluates projects to ensure those that commit to using a Housing First approach are prioritizing rapid placement and stabilization in permanent housing and are not requiring service participation or preconditions of program participants.

(limit 2,000 characters)

Our CoC monitoring team annually reviews the CoC funded programs. This consists of reviewing program Policies & Procedures, client charts, and fiscal records. During these reviews, the team looks for Housing First policies and evidence of the practices in the client charts. In the client charts the programs

are expected to include the Coordinated Entry screening so this provides a date from which to determine the length of time to secure housing. We strive to rehouse households within 30 days but this is not always logistically realistic. However, the reviewers do not expect to see significantly long lengths of time that could indicate requirements/barriers were placed before the household. This monitoring revealed that all the programs do have Housing First policies in place and evidence of such practices in their client charts. Further, the CoC Coordinator attends the biweekly Coordinated Entry meetings where the wait lists are monitored. This gives her the opportunity to directly witness the programs' active engagement in quickly enrolling households. In fact, the programs work together to ensure the quickest housing options for households. Additionally, the programs are knowledgeable about only terminating households under the most extreme circumstances and only after attempts to resolve the issue through other means. In fact, most programs review these situations with the CoC Coordinator or their fellow programs to ensure there are in fact no more options available to the household prior to terminating them. Even when termination does occur, the programs offer to help the household secure safe alternative shelter. The CoC has placed strong focus on housing first over the years and it is evident through these outlined efforts.

1C-9b.	Housing First–Veterans.	
	Not Scored–For Information Only	

Does your CoC have sufficient resources to ensure each Veteran experiencing homelessness is assisted to quickly move into permanent housing using a Housing First approach?	Yes
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1C-10.	Street Outreach–Scope.	
	NOFO Section VII.B.1.j.	

Describe in the field below:	
1.	your CoC’s street outreach efforts, including the methods it uses to ensure all persons experiencing unsheltered homelessness are identified and engaged;
2.	whether your CoC’s Street Outreach covers 100 percent of the CoC’s geographic area;
3.	how often your CoC conducts street outreach; and
4.	how your CoC tailored its street outreach to persons experiencing homelessness who are least likely to request assistance.

(limit 2,000 characters)

1 and 2. The pandemic caused concern about increased unsheltered homelessness, new health risks with being unsheltered, and increased risk to our volunteer outreach teams. So our CoC hired a full time outreach worker (OW) with lived experience. The OW connects with local police, school districts, meal distribution centers, libraries etc. to educate them about CoC services and to gain information on any unsheltered people. The OW then engages any identified people by providing items to address their basic needs, securing shelter, and conducting a Coordinated Entry screening. The OW leaves items at vacant camps with contact information and revisits within a few days to determine if someone is staying there and warrants follow up. Our Outreach Subcommittee (made up of volunteers, homeless services staff, landlords, advocates etc.) historically canvasses the County for unsheltered

people on a quarterly basis but these sweeps were temporarily postponed during the pandemic with the OW in place. We engage Police to serve as our eyes for unsheltered people in their areas. We presented at the Chiefs of Police Assoc. meeting to ask for their help in identifying unsheltered people and to detail how they can access our services. These strategies enable us to conduct outreach throughout our entire CoC area.

3. The OW conducts outreach daily. The subcommittee strives for quarterly sweeps. Police are on alert daily.

4. From experience and input from Police and State Park Rangers, we are familiar with and visit many secluded spots where chronically homeless people tend to stay. We know that trust is key to engaging people who may be hesitant to accepting services. The OW builds trust by providing items, not pressuring, and addressing the person’s concerns through communication. The County shares its Uniphone and translation services with us to enable communication with people who have disabilities or for whom English is not their primary language.

1C-11.	Criminalization of Homelessness.	
	NOFO Section VII.B.1.k.	

Select yes or no in the chart below to indicate strategies your CoC implemented to prevent the criminalization of homelessness in your CoC’s geographic area:

1.	Engaged/educated local policymakers	Yes
2.	Engaged/educated law enforcement	Yes
3.	Engaged/educated local business leaders	Yes
4.	Implemented communitywide plans	Yes
5.	Other:(limit 500 characters)	
	Developed a full time Outreach Worker position to assist Police when faced with a person living in a housing crises	Yes

1C-12.	Rapid Rehousing–RRH Beds as Reported in the Housing Inventory Count (HIC).	
	NOFO Section VII.B.1.I.	

	2020	2021
Enter the total number of RRH beds available to serve all populations as reported in the HIC–only enter bed data for projects that have an inventory type of “Current.”	54	156

1C-13.	Mainstream Benefits and Other Assistance–Healthcare–Enrollment/Effective Utilization.	
	NOFO Section VII.B.1.m.	

Indicate in the chart below whether your CoC assists persons experiencing homelessness with enrolling in health insurance and effectively using Medicaid and other benefits.

	Type of Health Care	Assist with Enrollment?	Assist with Utilization of Benefits?
1.	Public Health Care Benefits (State or Federal benefits, Medicaid, Indian Health Services)	Yes	Yes
2.	Private Insurers	Yes	Yes
3.	Nonprofit, Philanthropic	Yes	Yes
4.	Other (limit 150 characters)		

1C-13a.	Mainstream Benefits and Other Assistance—Information and Training.	
	NOFO Section VII.B.1.m	

	Describe in the field below how your CoC provides information and training to CoC Program-funded projects by:
1.	systemically providing up to date information on mainstream resources available for program participants (e.g., Food Stamps, SSI, TANF, substance abuse programs) within your CoC's geographic area;
2.	communicating information about available mainstream resources and other assistance and how often your CoC communicates this information;
3.	working with projects to collaborate with healthcare organizations to assist program participants with enrolling in health insurance; and
4.	providing assistance with the effective use of Medicaid and other benefits.

(limit 2,000 characters)

1. We invite mainstream resources to our monthly member meeting. Those who attend regularly include: Job Training, CareerLink, educational partners, substance use and behavioral health providers, utility assistance, utility customer asst, . These entities provide updates, eligibility info, and contact info to assist with enrollment if needed. Additionally, the CoC Coordinator subscribes to numerous listservs (PA Dept of Human Resources for TANF, SNAP, Medicaid; health providers, food resources, Social Security) that provide updates and she shares the information accordingly. These listservs proved very helpful through the pandemic as new resources became available and the eligibility criteria and process for accessing current resources changed.

2. Because many mainstream resources attend our monthly meeting, information on these resources is provided nearly monthly. The CoC Coordinator communicates with CoC partners between meetings via the listserv of over 250 entities when pressing and time sensitive information on mainstream resources becomes available.

3 and 4. Several insurance companies attend our monthly meeting where they provide information on eligibility, their unique coverage, and information on how to enroll. In fact, one of our Medicaid providers is a regular attendee at the meeting. The CoC funded programs connect their clients with these entities to access an insurance plan that best meets their current needs. These needs may be identified when the program works with the household to create a housing stability plan as health issues are often part of that plan. By learning about various insurance plans including Medicaid and Medicare plans at the monthly meeting, the programs are well positioned to educate their clients on various coverage and benefits to meet their health care needs.

1C-14.	Centralized or Coordinated Entry System—Assessment Tool. You Must Upload an Attachment to the 4B.	
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	Attachments Screen.	
	NOFO Section VII.B.1.n.	

Describe in the field below how your CoC's coordinated entry system:	
1.	covers 100 percent of your CoC's geographic area;
2.	reaches people who are least likely to apply for homeless assistance in the absence of special outreach;
3.	prioritizes people most in need of assistance; and
4.	ensures people most in need of assistance receive assistance in a timely manner.

(limit 2,000 characters)

Per our Coordinated Entry (CE) Policies & Procedures, our CE process covers 100% of the CoC, prioritizes assistance to those with the most complex needs, and is easily accessible by those experiencing a housing crisis.

1. People can walk in for a CE screening. CE staff and the outreach worker can conduct CE screenings in the community where the homeless households are. CE screenings can be conducted over the phone which is especially helpful during the pandemic and for coordinating discharges from institutions. It also eliminates transportation challenges.
2. The Outreach Worker who can conduct CE screenings extends the reach of CE to those least likely to seek assistance. Social workers in hospitals and rehabs play a pivotal role in giving CE access to their homeless patients. The CE agency has a robust advertisement campaign using: flyers in places where homeless people may gather, educating mainstream resources about CE so they can help their clients access it, radio, website, and through social media.
3. The CE screening tool gives additional points to people who are: chronically homeless, have disabilities, a victim of abuse, pregnant, have limited resources, have poor rental histories, and have high risk of serious complications from Covid. Households are served in order of their scores. Those with the highest scores are served first.
4. The CE staff, participating programs, and the CoC Coordinator meet biweekly to manage the waitlists. They coordinate their services to ensure the quickest housing options. In cases with long waits, the group shares landlord information and knowledge of available units, assistance with obtaining needed documents, advocacy at Housing Auth hearings, suggestions for stabilizing treatment/services. They work together to consider other housing options available in the private market if appropriate. This group works tirelessly to rehouse every household especially those with the highest needs as quickly as possible.

1C-15.	Promoting Racial Equity in Homelessness–Assessing Racial Disparities.	
	NOFO Section VII.B.1.o.	

Did your CoC conduct an assessment of whether disparities in the provision or outcome of homeless assistance exists within the last 3 years?	Yes
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1C-15a.	Racial Disparities Assessment Results.	
	NOFO Section VII.B.1.o.	

Select yes or no in the chart below to indicate the findings from your CoC's most recent racial disparities assessment.

1.	People of different races or ethnicities are more likely to receive homeless assistance.	Yes
2.	People of different races or ethnicities are less likely to receive homeless assistance.	No
3.	People of different races or ethnicities are more likely to receive a positive outcome from homeless assistance.	Yes
4.	People of different races or ethnicities are less likely to receive a positive outcome from homeless assistance.	Yes
5.	There are no racial or ethnic disparities in the provision or outcome of homeless assistance.	No
6.	The results are inconclusive for racial or ethnic disparities in the provision or outcome of homeless assistance.	No

1C-15b.	Strategies to Address Racial Disparities.	
	NOFO Section VII.B.1.o.	

Select yes or no in the chart below to indicate the strategies your CoC is using to address any racial disparities.

1.	The CoC's board and decisionmaking bodies are representative of the population served in the CoC.	No
2.	The CoC has identified steps it will take to help the CoC board and decisionmaking bodies better reflect the population served in the CoC.	Yes
3.	The CoC is expanding outreach in geographic areas with higher concentrations of underrepresented groups.	Yes
4.	The CoC has communication, such as flyers, websites, or other materials, inclusive of underrepresented groups.	Yes
5.	The CoC is training staff working in the homeless services sector to better understand racism and the intersection of racism and homelessness.	Yes
6.	The CoC is establishing professional development opportunities to identify and invest in emerging leaders of different races and ethnicities in the homelessness sector.	No
7.	The CoC has staff, committees, or other resources charged with analyzing and addressing racial disparities related to homelessness.	Yes
8.	The CoC is educating organizations, stakeholders, boards of directors for local and national nonprofit organizations working on homelessness on the topic of creating greater racial and ethnic diversity.	Yes
9.	The CoC reviewed coordinated entry processes to understand their impact on people of different races and ethnicities experiencing homelessness.	Yes
10.	The CoC is collecting data to better understand the pattern of program use for people of different races and ethnicities in its homeless services system.	Yes
11.	The CoC is conducting additional research to understand the scope and needs of different races or ethnicities experiencing homelessness.	Yes
	Other:(limit 500 characters)	
12.		

1C-15c.	Promoting Racial Equity in Homelessness Beyond Areas Identified in Racial Disparity Assessment.	
	NOFO Section VII.B.1.o.	

Describe in the field below the steps your CoC and homeless providers have taken to improve racial equity in the provision and outcomes of assistance beyond just those areas identified in the racial disparity assessment.

(limit 2,000 characters)

The CoC Coordinator conducted a racial analysis of the CoC’s provision and outcomes in 2018. When this analysis revealed disparities, she assembled a committee to conduct further analysis and to create action steps to address the disparities. The CoC Coordinator shared the analysis at the CoC member meeting and with the Governing Board. She encouraged and supported the CoC and ESG funded programs with looking at their data on the program level for racial disparities. The programs have begun taking actions including: having conversations with their teams about implicit bias, committing to conducting trainings etc. Further the Governing Board adopted a new Racial Equity CoC policy as they felt the existing Antidiscrimination policy did not specifically address the issue of racial disparities and the complexities that cause them.

This policy outlines:

- our core beliefs around equity
- goals to measure the impact of our efforts
- expectations of the CoC and ESG programs (including creating their own program policies around racial equity, creating a climate of inclusion and equity, regularly reviewing data to gauge progress, providing training, conducting client satisfaction surveys, and soliciting input from homeless/formerly homeless people)
- role of the Continuum of Care (including providing information on training opportunities, assisting with analysis and development of action steps, monitoring CoC data, including people with lived experience in decision making, seeking guidance from experts and people with lived experience, updating this policy as needed to attain the outlined goals)

The CoC Coordinator presented at two events about our efforts to achieve racial equity in our programs and to raise public awareness. The CoC also partners with the Fair Housing Officer, Fair Housing Law Center, and Neighborhood Legal Services. They investigate potential cases of discrimination, educate housing staff and landlords, and attend our monthly member meeting.

1C-16.	Persons with Lived Experience–Active CoC Participation.	
	NOFO Section VII.B.1.p.	

Enter in the chart below the number of people with lived experience who currently participate in your CoC under the five categories listed:

	Level of Active Participation	Number of People with Lived Experience Within the Last 7 Years or Current Program Participant	Number of People with Lived Experience Coming from Unsheltered Situations
1.	Included and provide input that is incorporated in the local planning process.	3	2
2.	Review and recommend revisions to local policies addressing homelessness related to coordinated entry, services, and housing.	2	2
3.	Participate on CoC committees, subcommittees, or workgroups.	3	2

4.	Included in the decisionmaking processes related to addressing homelessness.	2	2
5.	Included in the development or revision of your CoC's local competition rating factors.	1	1

1C-17.	Promoting Volunteerism and Community Service.	
	NOFO Section VII.B.1.r.	

Select yes or no in the chart below to indicate steps your CoC has taken to promote and support community engagement among people experiencing homelessness in the CoC's geographic area:

1.	The CoC trains provider organization staff on connecting program participants and people experiencing homelessness with education and job training opportunities.	Yes
2.	The CoC trains provider organization staff on facilitating informal employment opportunities for program participants and people experiencing homelessness (e.g., babysitting, housekeeping, food delivery, data entry).	No
3.	The CoC works with organizations to create volunteer opportunities for program participants.	Yes
4.	The CoC works with community organizations to create opportunities for civic participation for people experiencing homelessness (e.g., townhall forums, meeting with public officials).	Yes
5.	Provider organizations within the CoC have incentives for employment and/or volunteerism.	No
6.	Other:(limit 500 characters)	

1D. Addressing COVID-19 in the CoC's Geographic Area

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions—essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

1D-1.	Safety Protocols Implemented to Address Immediate Needs of People Experiencing Unsheltered, Congregate Emergency Shelter, Transitional Housing Homelessness.	
	NOFO Section VII.B.1.q.	
	Describe in the field below protocols your CoC implemented during the COVID-19 pandemic to address immediate safety needs for individuals and families living in:	
1.	unsheltered situations;	
2.	congregate emergency shelters; and	
3.	transitional housing.	

(limit 2,000 characters)

1. To address the immediate safety needs of unsheltered people we hired a full-time outreach worker (OW). The OW educated unsheltered people on the additional risks of Covid while unsheltered. She encouraged and arranged shelter for anyone willing to accept it. She also provided unsheltered people with masks, hand sanitizers, water, and nutritious food. As shelters had to reduce capacity, we utilized hotels for sheltering. Although hotels have always been a part of our emergency shelter approach, the pandemic significantly increased our need for them. The County allocated additional funds to this effort to keep our unsheltered count as low as possible. The State allocated funds for Wintering shelter needs which we also utilized for the hotels. The OW and the hotel program team delivered food and provided transportation for these folks while continuing to educate them on best practices for staying healthy. We also relied on our Police to help us identify any unsheltered people.

2 and 3. Our ES and TH partners instituted social distancing (which led to reduced capacity), mask mandates, daily temperature readings, provision of hand sanitizer/gloves/cleaning supplies, visitor restrictions, provision of tools for electronic communication, entertainment items, food delivery, installation of air purifiers and sneeze guards, strict and regular cleaning protocols, and social opportunities to combat loneliness and isolation with limited attendance and all safety protocols in place. The Collaborative Applicant stockpiled supplies for CoC partners including: hand sanitizer (large and individual sized), gloves, digital no-touch thermometers, a host of disinfecting supplies, and masks. As the vaccine became available the CoC also held vaccine clinics in coordination with a health care partner at a ES site, the homeless services hub, and the

Salvation Army.

1D-2.	Improving Readiness for Future Public Health Emergencies.	
	NOFO Section VII.B.1.q.	

Describe in the field below how your CoC improved readiness for future public health emergencies.

(limit 2,000 characters)

The Collaborative Applicant stockpiled supplies for future public health emergencies. We partner with several health care orgs and we working to enhance those partnerships. We are in the process of confirming a health care organization as a new member on our Governing Board. This organization is familiar with homeless needs through their mobile component which we utilized for our vaccine clinics. And they have agreed to partner with us on addressing future health needs. Beaver County does not have a County Health Dept. The CoC has been vocal about the need for a greater presence of health coordination as a result. However, without this local support we became more accustomed to using and relying on other trustworthy health guidance (CDC, PA Health Dept etc) and we are committed to using these resources in our planning efforts now and through the remainder of the pandemic and future public health emergencies. We also enhanced our partnership with County Emergency Services. We can now quickly send messages to all first responders through their office. They also have a better grasp of the services the CoC offers and refer to us more frequently.

Additionally, our CoC partners impressively transitioned many of their services to electronic formats. Although we recognize face to face encounters as best practice with vulnerable populations, electronic connection enabled continuity of service delivery when we were otherwise faced with no service delivery.

Further, we learned that electronic communication better reaches those who do not prefer face to face encounters. The tools and protocols the programs used for electronic communication continue to be available now and for future public health emergencies.

The Collaborative Applicant also enhanced its ability to quickly allocate and implement funding and programs in response to a public health emergency. Seeing that hurdles can be efficiently managed will likely establish a new norm for doing so.

1D-3.	CoC Coordination to Distribute ESG Cares Act (ESG-CV) Funds.	
	NOFO Section VII.B.1.q	

Describe in the field below how your CoC coordinated with ESG-CV recipients to distribute funds to address:

1.	safety measures;
2.	housing assistance;
3.	eviction prevention;
4.	healthcare supplies; and
5.	sanitary supplies.

(limit 2,000 characters)

The ESG recipient sought input from the public on pressing needs through a newspaper ad. They did receive numerous responses that identified the need for Emergency Shelter for men, and a new CoC website. The ESG recipient also worked with the CoC Coordinator to identify needs by monitoring data and the trends of currently changing needs as reported in the monthly member meetings. From these analyses, allocations were made as detailed below.

1. For safety measures, funds were allocated to operations and essential services for a men’s Emergency Shelter (\$630,000), to cover the costs of hotels and basic needs such as food (\$419,500), and to increase the hours of the homeless hotline (\$105,000) for emergency housing support outside of business hours.
- 2 and 3. Funds totaling \$407,216 were allocated to the ESG subrecipient to render Rapid Rehousing and Homeless Prevention assistance. Also \$10,000 was allotted to a faith based initiative that helps homeless households obtain necessary documents which often helps them to secure housing faster.
- 4 and 5. ESG funds were not used to provide these supplies. We used alternative funding sources to preserve ESG-CV for the above identified activities. The healthcare and sanitary supplies made available to the ESG subrecipients and other CoC partners included: digital no-touch thermometers, masks for staff and clients, disinfecting supplies, gloves, large hand sanitizer for agency use, small hand sanitizers for clients to take with them, and disinfecting wipes. CoC partners were notified of the availability of these supplies via the listserv and at the monthly partner meeting. Additionally, the CoC Coordinator told partners to let her know what other supplies they needed and the County responded accordingly.

1D-4.	CoC Coordination with Mainstream Health.	
	NOFO Section VII.B.1.q.	

Describe in the field below how your CoC coordinated with mainstream health (e.g., local and state health agencies, hospitals) during the COVID-19 pandemic to:

1.	decrease the spread of COVID-19; and
2.	ensure safety measures were implemented (e.g., social distancing, hand washing/sanitizing, masks).

(limit 2,000 characters)

1. The CoC funded programs work with clients to help connect them with telehealth options provided by our healthcare partners. They assist clients with increased vulnerabilities to Covid, to utilize their insurance and connect with their healthcare providers. Helping clients use their insurance to obtain covered supplies (such as masks, hand sanitizer, face shields etc) is also a measure the CoC programs take to help decrease the spread of Covid. The CoC stays informed of State Health Dept and CDC guidance on best practices to decrease the spread. These best and promising practices are shared through the listserv of over 250 entities and at the monthly member meeting. The CoC Coordinator also seeks input from the programs at the monthly meetings about the challenges they continued to face so she can work with funders and the County to address these issues. The programs also share their promising practices so programs can replicate the efforts as appropriate to decrease the spread.
2. The CoC Coordinator instructs the programs to follow all guidance from our health experts including the State Health Dept and the CDC. She shares this information with the programs as detailed above. This guidance includes: implementing social distancing (this included transitioning some staff to working

off site), consistent use of masks, provision of easily accessed hand sanitizer, posters indicating safety practices, implementing regular disinfecting protocols, limiting transportation to one household at a time with masks required and disinfecting the vehicle between trips, and strongly encouraging the programs to attend the HUD SNAPS Covid office hours to learn more about best practices in homeless services. To ensure these methods are practiced, the County provides supplies, monitors masking and social distancing through observation, regularly checks with the programs about what challenges they are facing and what resources are needed.

1D-5.	Communicating Information to Homeless Service Providers.	
	NOFO Section VII.B.1.q.	

Describe in the field below how your CoC communicated information to homeless service providers during the COVID-19 pandemic on:

1.	safety measures;
2.	changing local restrictions; and
3.	vaccine implementation.

(limit 2,000 characters)

The CoC uses several means for communicating information to our homeless services providers during the pandemic. The CoC Coordinator updated the Collaborative Applicant’s website with details of how organizations were adjusting their service delivery because of the pandemic and how to access those services. For example, the times people could pick up meals-to-go from the soup kitchens. CoC partners were instructed to send their updates to the CoC Coordinator so she could update the website and send an email to the listserv with over 250 entities to inform them of the changes. The CoC Coordinator also uses the listserv to email information about safety measures (i.e. mask mandates, periods of high transmission in the area), changing restrictions (i.e. gathering limits, eviction moratoria), and where and how to access vaccines (through public entities, and CoC coordinated efforts). This information is also shared in the monthly member meeting and publicly posted in the meeting minutes. In circumstances where information is not relevant to all entities, then phone calls or Zoom meetings are utilized. Zoom has made meetings more efficient especially when information is quickly developing. When a multi-unit building was condemned with very limited notice – we coordinated all relevant partners via Zoom within hours of the notice. With limited partners in the field and others coordinating services from afar via cell phones, we sheltered every household that night. The CoC Coordinator monitored our local vaccine sites for appointments and notified programs via email when spots were available. As an outcome of the monthly member meeting, the CoC partnered with Central Outreach & Wellness to provide vaccine clinics at 3 of our homeless services sites. Through Zoom meetings with the hosting programs, we developed a system for notifying homeless people of the vaccine availability. During the clinics, the teams stayed in communication with each other via cell phones.

1D-6.	Identifying Eligible Persons Experiencing Homelessness for COVID-19 Vaccination.	
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NOFO Section VII.B.1.q.

Describe in the field below how your CoC identified eligible individuals and families experiencing homelessness for COVID-19 vaccination based on local protocol.

(limit 2,000 characters)

The CoC partners monitored the vaccine eligibility timelines and informed their eligible clients through posted signage (on site and on-line), phone calls, and face to face. The CoC Coordinator sent emails to partners as eligibility guidelines changed so that the programs could continue to reach out to their clients. She also shared this information at the monthly partner meetings while reminding the group of the importance of the vaccine in combatting the increased risk of health complications that homeless people tend to face. The CoC Coordinator shared information and posters at the member meeting dispelling the myths about the vaccine so as to ensure homeless people were making informed decisions about the vaccine. When we conducted our vaccine clinics at 3 homeless services sites, those programs used their social media, hung fliers, and called people to alert them to the opportunity to get vaccinated. The clinic posters were emailed through the listserv reaching over 250 entities. And the information was shared at the monthly member meeting (prior to the clinics) for partners to share with their homeless clients. We also held the clinics in locations with high foot traffic knowing we may reach others who may not identify as homeless but who could likely be so. Central Outreach & Wellness supplied and planted the vaccines through use of their mobile clinic. Their van is brightly colored which helped advertise the availability of vaccines. We also put out signs on location during the events. The CoC funded programs also continue to inform their unvaccinated clients about the availability of the vaccine and its benefits. They listen without judgement and attempt to provide information to address any client concerns. And they work to address any barriers to clients receiving the vaccine when they are ready to do so. The CoC is working on conducting another round of vaccine clinics in the coming months.

1D-7.	Addressing Possible Increases in Domestic Violence.	
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NOFO Section VII.B.1.e.

Describe in the field below how your CoC addressed possible increases in domestic violence calls for assistance due to requirements to stay at home, increased unemployment, etc. during the COVID-19 pandemic.

(limit 2,000 characters)

Our CoC partners closely with our Victim Service Provider (VSP). In fact, they have sat on our Governing Board for many years. The VSP regularly attends the monthly member meeting and on two occasions through the pandemic presented to the group on the unique challenges people with DV status face during the pandemic, warning signs to look for, and tips on rendering trauma informed care. Additionally, we received funding in the 2019 CoC competition to develop a RRH program (in partnership with the VSP) specifically for DV households so this additional resource helped the CoC to quickly respond to DV households' needs during the pandemic. Also, the Coordinated Entry screening tool is designed to prompt the screener to complete a Safety Plan with any households who answer positively to DV questions. This helped the screener to

respond to and plan accordingly for these households' unique challenges. Further, the VSP took these actions to address the possible increases in DV:

- Outreach efforts through social media to ensure survivors were aware all services continued with no interruption, including 24/7 confidential helpline
- Safety planning regarding COVID specific concerns
- Provided virtual counseling services
- Delivered food boxes and personal supplies to survivors with reduced income/financial concerns
- Provided gift cards for food/gas for survivors with reduced income
- Provided alternative shelter in local hotels

As our CoC is still an area of high Covid transmission, the VSP uses the monthly member meeting to remind our CoC partners to remain on alert for the unique DV warning signs and to utilize their expertise and services when a potential DV situation is discovered.

1D-8.	Adjusting Centralized or Coordinated Entry System.	
	NOFO Section VII.B.1.n.	

Describe in the field below how your CoC adjusted its coordinated entry system to account for rapid changes related to the onset and continuation of the COVID-19 pandemic.

(limit 2,000 characters)

As our State went into lockdown, with restrictions on the number of people who could gather, social distancing protocols etc, Coordinated Entry (CE) had to quickly adjust. Face to face screenings were only conducted when no other options were available. All other screenings were conducted over the phone so as staff transitioned to working off site, they were able to seamlessly continue conducting the screenings. Through password protected file sharing, the waitlists were also continually updated so the housing programs could continue to pull their referrals from them without interruption. The CoC also created a full-time outreach worker position to locate and engage unsheltered people/households. To extend the reach of our CE, the outreach worker was trained to conduct the CE screenings and was given electronic tools to do so while in the community. We also added questions to the CE screening tool that determined if the person was recently at risk of exposure to Covid so that precautions could be taken to limit potential transmission, i.e. utilizing a hotel room instead of congregate shelter. The questions also help to identify those households who are at higher risk of serious complications from Covid which then gives them higher priority on the lists as we know stable housing is an effective practice for limiting exposure. We find that these questions enable us to respond to each household's needs with the appropriate level of precaution and to quickly rehouse those with the greatest Covid risks.

As we have seen that phone screenings give greater access to CE, we continue to use that model in addition to screening face to face when safe to do so. The Covid questions remain on the CE screening tool at this time because Beaver County continues to be an area of high transmission with less than 50% of the population fully vaccinated.

1E. Project Capacity, Review, and Ranking–Local Competition

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
 - Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
 - FY 2021 CoC Application Detailed Instructions–essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
 - 24 CFR part 578

1E-1.	Announcement of 30-Day Local Competition Deadline–Advance Public Notice of How Your CoC Would Review, Rank, and Select Projects. You Must Upload an Attachment to the 4B. Attachments Screen. NOFO Section VII.B.2.a. and 2.g.	
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1.	Enter the date your CoC published the 30-day submission deadline for project applications for your CoC's local competition.	08/30/2021
2.	Enter the date your CoC publicly posted its local scoring and rating criteria, including point values, in advance of the local review and ranking process.	08/30/2021

1E-2.	Project Review and Ranking Process Your CoC Used in Its Local Competition. You Must Upload an Attachment to the 4B. Attachments Screen. We use the response to this question as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criteria listed below. NOFO Section VII.B.2.a., 2.b., 2.c., and 2.d.	
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Select yes or no in the chart below to indicate how your CoC ranked and selected project applications during your local competition:

1.	Established total points available for each project application type.	Yes
2.	At least 33 percent of the total points were based on objective criteria for the project application (e.g., cost effectiveness, timely draws, utilization rate, match, leverage), performance data, type of population served (e.g., DV, youth, Veterans, chronic homelessness), or type of housing proposed (e.g., PSH, RRH).	Yes
3.	At least 20 percent of the total points were based on system performance criteria for the project application (e.g., exits to permanent housing destinations, retention of permanent housing, length of time homeless, returns to homelessness).	Yes
4.	Used data from a comparable database to score projects submitted by victim service providers.	Yes
5.	Used objective criteria to evaluate how projects submitted by victim service providers improved safety for the population they serve.	Yes
6.	Used a specific method for evaluating projects based on the CoC's analysis of rapid returns to permanent housing.	Yes

1E-2a.	Project Review and Ranking Process–Addressing Severity of Needs and Vulnerabilities.	
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NOFO Section VII.B.2.d.

Describe in the field below how your CoC reviewed, scored, and selected projects based on:

- | | |
|----|--|
| 1. | the specific severity of needs and vulnerabilities your CoC considered when ranking and selecting projects; and |
| 2. | considerations your CoC gave to projects that provide housing and services to the hardest to serve populations that could result in lower performance levels but are projects your CoC needs in its geographic area. |

(limit 2,000 characters)

Context for responses in 1E-2 questions 4-5: We did not receive any applications from victim service providers, but we are set up to use comparable data to score such applications and we are prepared to use a DV specific rating tool that assesses for ability to improve safety for the target population.
 Context for 1E-2 question 3: The CE and HMIS tools assess each program's unique impact on the System Performance Measures since they do not contribute directly to the outcomes in Sys Pm. For CE, the question on the tool about the percentage of households that receive housing referrals is used to demonstrate how CE impacts the census of each program (thereby having an impact on the Sys PMs). And the question on the HMIS tool about being able to produce HUD reports, shows the critical role that HMIS plays in preparing the Sys PM report.

1. The CoC incorporates local vulnerabilities into the tools' assessment of how the programs address severity of need. These vulnerabilities include: low or limited income, substance use, mental health, history of victimization, criminal histories, chronic homeless, poor rental history, and lack of household interest in supportive services. Programs received 2 points for serving at least 2 of these vulnerabilities. Reviewers were directed to review responses in 3B and 5B to determine who the program plans to serve.
2. While our CoC is committed to prioritizing those households with the most vulnerabilities, we also recognize that can have an impact on the programs' outcomes such as: the length of time homeless from the point of program enrollment, exiting households to permanent housing destinations, and the rate of return to homelessness within 6 months. The tool gives an additional to point to the questions containing these performance outcome measures if the programs are serving vulnerable people (as established by a previous questions).

1E-3.	Promoting Racial Equity in the Local Review and Ranking Process.	
	NOFO Section VII.B.2.e.	

Describe in the field below how your CoC:

- | | |
|----|--|
| 1. | obtained input and included persons of different races, particularly those over-represented in the local homelessness population, when determining the rating factors used to review project applications; |
| 2. | included persons of different races, particularly those over-represented in the local homelessness population, in the review, selection, and ranking process; |
| 3. | rated and ranked projects based on the degree to which their program participants mirror the homeless population demographics (e.g., considers how a project promotes racial equity where individuals and families of different races are over-represented). |

(limit 2,000 characters)

1. The CoC Coordinator reached out to the CoC and ESG funded programs for recommendations of any of their participants who would be interested in

reviewing the Ranking tools. Four suggestions were made but only one person was able to review the tools and provide input prior to the ranking. She shared her lived experience and strongly supported the Housing First questions noting that “everything improves when you have a place to live”. She also endorsed the return to homelessness question as she herself experienced a return to homelessness and described it as devastating. Her race is not of the race that is over-represented in our homeless population, but she gave us valuable insight into lived experience.

2. We were not able to recruit a person of color to our formal ranking process. To prevent this from happening again, the CoC Coordinator will review the Review & Rank process with the Collaborative Applicant to determine steps to improve our inclusion of people representative of the homeless population. We are also in the process of developing a subcommittee of people with lived experience and who reflect our homeless population. This subcommittee will nominate one of their peers for the Review & Rank subcommittee next year as well as for our Governing Board.

3. We know racial disparities exist in our CoC. So we expect our CoC partners to examine their programs and determine how they can embed equity into them. Thus, we included a racial equity question on our Ranking tool. We expected to see a commitment from each program to dig deeper into the issues they can control to enhance racial equity – such as reviewing data, developing action steps, training etc. And since socioeconomic status (which impacts income, health, education etc) is aligned with race, the set of vulnerability questions on the tool also helped reviewers to determine this level of commitment.

1E-4.	Reallocation–Reviewing Performance of Existing Projects. We use the response to this question as a factor when determining your CoC’s eligibility for bonus funds and for other NOFO criterion below.	
	NOFO Section VII.B.2.f.	

Describe in the field below:	
1.	your CoC’s reallocation process, including how your CoC determined which projects are candidates for reallocation because they are low performing or less needed;
2.	whether your CoC identified any projects through this process during your local competition this year;
3.	whether your CoC reallocated any low performing or less needed projects during its local competition this year;
4.	why your CoC did not reallocate low performing or less needed projects during its local competition this year, if applicable; and
5.	how your CoC communicated the reallocation process to project applicants.

(limit 2,000 characters)

1, 2, 3. Our CoC Reallocation policy states that the CoC Coordinator will provide information and a recommendation to the Governing Board for their consideration on whether or not to reallocate funds. This information includes: performance data (from monitoring and APRs), cost effectiveness data, local needs, and other local circumstances. The following issues were also taken into consideration this year: program staffing challenges through the pandemic, limited unit turnover due to eviction moratorium, reduced number of people presenting as homeless through CE (5% less), the impact of people moving on due to the Mainstream vouchers our HA secured, and one project was in its first operating year. No program performed so poorly to warrant reallocation. The Governing Board voted to not reallocate on 8/30/2021.

4. Our CoC is small allowing the CoC funded program directors to know each

other. In fact, the CoC funded programs work together on reaching system performance goals and resolving complex cases. This collaboration sets the foundations for strong performing programs. We did see some struggles this year (not spending all funds, long time to secure housing, decreased exits to PH); yet, we acknowledged limited affordable housing units, significant staffing challenges, limited face to face client interaction, and the overall stress of implementing social distancing and adjusting service delivery models. Given these environmental factors and that no one program had worrisome performance, reallocation would not have benefitted our CoC. Rather we accepted two proposals to expand renewing programs to enhance the strong foundations and partnerships already in place.

5. Because we have a CoC policy on Reallocation applicants are aware of this process in every CoC Competition. They are familiar with the data and context that is used to make the decision. Further, any reallocated funds would be made available through request for proposal process.

1E-4a.	Reallocation Between FY 2016 and FY 2021. We use the response to this question as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criterion below.	
	NOFO Section VII.B.2.f.	

Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2016 and FY 2021?	No
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1E-5.	Projects Rejected/Reduced–Public Posting. You Must Upload an Attachment to the 4B. Attachments Screen if You Select Yes.	
	NOFO Section VII.B.2.g.	

1.	Did your CoC reject or reduce any project application(s)?	No
2.	If you selected yes, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps.	

1E-5a.	Projects Accepted–Public Posting. You Must Upload an Attachment to the 4B. Attachments Screen.	
	NOFO Section VII.B.2.g.	

Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New and Renewal Priority Listings in writing, outside of e-snaps.	10/27/2021
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1E-6.	Web Posting of CoC-Approved Consolidated Application. You Must Upload an Attachment to the 4B. Attachments Screen.	
	NOFO Section VII.B.2.g.	

Enter the date your CoC's Consolidated Application was posted on the CoC's website or affiliate's website—which included:	
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<p>1. the CoC Application; 2. Priority Listings; and 3. all projects accepted, ranked where required, or rejected.</p>	
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You must enter a date in question 1E-6.

2A. Homeless Management Information System (HMIS) Implementation

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
 - Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
 - FY 2021 CoC Application Detailed Instructions—essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
 - 24 CFR part 578

2A-1.	HMIS Vendor.	
	Not Scored—For Information Only	

Enter the name of the HMIS Vendor your CoC is currently using.	Eccovia ClientTrack
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2A-2.	HMIS Implementation Coverage Area.	
	Not Scored—For Information Only	

Select from dropdown menu your CoC's HMIS coverage area.	Statewide
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2A-3.	HIC Data Submission in HDX.	
	NOFO Section VII.B.3.a.	

Enter the date your CoC submitted its 2021 HIC data into HDX.	05/14/2021
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2A-4.	HMIS Implementation—Comparable Database for DV.	
	NOFO Section VII.B.3.b.	

Describe in the field below actions your CoC and HMIS Lead have taken to ensure DV housing and service providers in your CoC:

- | | |
|----|---|
| 1. | have a comparable database that collects the same data elements required in the HUD-published 2020 HMIS Data Standards; and |
| 2. | submit de-identified aggregated system performance measures data for each project in the comparable database to your CoC and HMIS lead. |

(limit 2,000 characters)

1. The HMIS Lead and CoC Coordinator work closely with our victim service provider (VSP) to ensure they have a comparable database that collects the same data elements required in the 2020 HMIS Data Standards. This has been accomplished by the VSP using the same vendor as the CoC but having a separate account. This enables the HMIS Lead to still provide technical assistance as they need it and it ensures they are collecting all of the required Data Elements. Currently, our CoC and VSP participate in the Statewide HMIS, ClientTrack – with the VSP maintaining a separate account. The State oversees ClientTrack and confirms that all updates and data elements are reflected in the system. This gives assurance to the HMIS Lead and the VSP that they are collecting all required elements at any given time.
2. The VSP records data for its emergency shelter and transitional housing program in their comparable database. The VSP produces reports for the CoC on these programs with only aggregate data - no identifying information is ever shared. This data is used for CoC reporting and planning purposes. This ensures the impact of their services is included in CoC analyses and thereby provides a more accurate picture of homelessness in our CoC and our collaborative efforts to eradicate it.

2A-5.	Bed Coverage Rate—Using HIC, HMIS Data—CoC Merger Bonus Points.	
	NOFO Section VII.B.3.c. and VII.B.7.	

Enter 2021 HIC and HMIS data in the chart below by project type:

Project Type	Total Beds 2021 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
1. Emergency Shelter (ES) beds	138	20	118	100.00%
2. Safe Haven (SH) beds	0	0	0	
3. Transitional Housing (TH) beds	39	10	29	100.00%
4. Rapid Re-Housing (RRH) beds	156	0	156	100.00%
5. Permanent Supportive Housing	152	0	152	100.00%
6. Other Permanent Housing (OPH)	0	0	0	

2A-5a.	Partial Credit for Bed Coverage Rates at or Below 84.99 for Any Project Type in Question 2A-5.	
	NOFO Section VII.B.3.c.	

For each project type with a bed coverage rate that is at or below 84.99 percent in question 2A-5, describe:

- | | |
|----|--|
| 1. | steps your CoC will take over the next 12 months to increase the bed coverage rate to at least 85 percent for that project type; and |
| 2. | how your CoC will implement the steps described to increase bed coverage to at least 85 percent. |

(limit 2,000 characters)

We have a 100% coverage rate in HMIS.

2A-5b.	Bed Coverage Rate in Comparable Databases.	
	NOFO Section VII.B.3.c.	

Enter the percentage of beds covered in comparable databases in your CoC's geographic area.	100.00%
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2A-5b.1.	Partial Credit for Bed Coverage Rates at or Below 84.99 for Question 2A-5b. NOFO Section VII.B.3.c.	
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If the bed coverage rate entered in question 2A-5b. is 84.99 percent or less, describe in the field below:

- | | |
|----|--|
| 1. | steps your CoC will take over the next 12 months to increase the bed coverage rate to at least 85 percent; and |
| 2. | how your CoC will implement the steps described to increase bed coverage to at least 85 percent. |

(limit 2,000 characters)

We have 100% bed coverage in the comparable data base.

2A-6.	Longitudinal System Analysis (LSA) Submission in HDX 2.0. NOFO Section VII.B.3.d.	
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Did your CoC submit LSA data to HUD in HDX 2.0 by January 15, 2021, 8 p.m. EST?	Yes
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2B. Continuum of Care (CoC) Point-in-Time (PIT) Count

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions—essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

2B-1.	Sheltered and Unsheltered PIT Count—Commitment for Calendar Year 2022	
	NOFO Section VII.B.4.b.	

Does your CoC commit to conducting a sheltered and unsheltered PIT count in Calendar Year 2022?	Yes
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2B-2.	Unsheltered Youth PIT Count—Commitment for Calendar Year 2022.	
	NOFO Section VII.B.4.b.	

Does your CoC commit to implementing an unsheltered youth PIT count in Calendar Year 2022 that includes consultation and participation from youth serving organizations and youth with lived experience?	Yes
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2C. System Performance

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions—essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

2C-1.	Reduction in the Number of First Time Homeless—Risk Factors.	
	NOFO Section VII.B.5.b.	

Describe in the field below:	
1.	how your CoC determined which risk factors your CoC uses to identify persons becoming homeless for the first time;
2.	how your CoC addresses individuals and families at risk of becoming homeless; and
3.	provide the name of the organization or position title that is responsible for overseeing your CoC’s strategy to reduce the number of individuals and families experiencing homelessness for the first time or to end homelessness for individuals and families.

(limit 2,000 characters)

Our CoC reduced the number of first-time homeless people by 11% as reported in the 2020 Sys PM.

1. We identified risk factors for first time homelessness by looking at those Coordinated Entry screenings for patterns in precipitating factors and by seeking input from our Homeless Prevention and utility assistance partners as they often assist people prior to their first homeless episode. Identified risk factors include: a sudden and significant economic change, the onset of a debilitating illness, a change in family configuration, the loss of a job or significant reduction in job hours (as many experienced through the pandemic), inability to consistently pay the full rent, and pattern of utilities not being paid. Schools have identified these warning signs in students: erratic school attendance, poor academic performance, wearing the same clothes from day to day, appetite changes etc.
2. These risk factors are shared with CoC partners including Homeless Prevention programs, utility assistance providers, food security resources, churches, and landlord partners as they are likely to encounter individuals and families prior to them becoming homeless. Once risk factors are identified these partners refer them to the homeless services hub. The Housing Authority has a protocol for this referral when payments are missed. The homeless services hub strives to mitigate the housing crisis through ESG or SSVF Homeless Prevention or Homeless Assistance Program funds. The hub will also arrange shelter and conduct the Coordinated Entry screening as needed. They will link the household to mainstream resources as these households may have not needed access to them before. The hub also has a child welfare liaison who works closely with first time homeless families.
3. The CoC Coordinator monitors this measure and presents the information to

the programs and the Governing Board on a regular basis so that programmatic adjustments can be made accordingly.

2C-2.	Length of Time Homeless–Strategy to Reduce.	
	NOFO Section VII.B.5.c.	
	Describe in the field below:	
1.	your CoC’s strategy to reduce the length of time individuals and persons in families remain homeless;	
2.	how your CoC identifies and houses individuals and persons in families with the longest lengths of time homeless; and	
3.	provide the name of the organization or position title that is responsible for overseeing your CoC’s strategy to reduce the length of time individuals and families remain homeless.	

(limit 2,000 characters)

Our CoC reduced the mean length of time homeless (LOTH) by 37% for ES and TH but the average LOTH increased. This means our overall LOTH was reduced but we have a few outliers with longer periods of time homeless thus impacting our LOTH average.

1. The CE tool gives more points to those with long LOTH thereby prioritizing them for available housing. The CE agency has formally partnered with behavioral health case management to enhance support to these households with efficiently navigating the homeless system. The CE participating programs monitor the Coordinated Entry (CE) lists every two weeks and conduct case reviews of those with the longest LOTH. They identify advocacy strategies, address the housing barriers, and refer to the private market as appropriate. Securing housing within 30 days remains the target.

2. The CoC identifies people with long LOTH through the CE lists and ES and TH HMIS data. ES programs quickly refer households to CE and help address housing barriers such as: addressing income needs, addressing health issues, looking for a housing unit, etc. Our DV-ES noted their clients had long LOTH, so we began a RRH program for people with DV status. Most of our TH programs serve people with substance use issues so those longer stays give the clients time to build strong recovery skills. The TH programs also work with their clients to prepare for stable housing by increasing income, addressing health issues, and building healthy community supports. The CoC engages landlords for access to affordable housing (AH) units. And advocates with officials for investment in AH to address the 17% reduction in AH that our CoC has experienced over the last 3 years.

3. The CoC Coordinator monitors this measure and presents the information to the programs and the Governing Board on a regular basis so that programmatic adjustments can be made accordingly.

2C-3.	Exits to Permanent Housing Destinations/Retention of Permanent Housing.	
	NOFO Section VII.B.5.d.	
	Describe in the field below how your CoC will increase the rate that individuals and persons in families residing in:	
1.	emergency shelter, safe havens, transitional housing, and rapid rehousing exit to permanent housing destinations; and	
2.	permanent housing projects retain their permanent housing or exit to permanent housing destinations.	

(limit 2,000 characters)

1. We had 5% increase in exits to permanent housing for ES, TH, and RRH. ES programs immediately refer their clients to CE and help prepare them for PH by: increasing income (through job training, education, SOAR assistance), health treatment, and criminal history expungement etc. TH and RRH programs develop housing stability plans with clients to address potential housing barriers. These programs maintain landlord partnerships to enhance client access to affordable housing options.

2. We had a 1% decrease in exits to/maintenance of PH for PSH programs; however, we did serve 9% more people in this category. To increase these successful exits/retention, programs continue to develop housing stability plans with their clients to address issues that could become housing barriers such as: increasing income (through job training, education, or Social Security etc), treating health issues, budgeting, becoming a good renter, establishing healthy supports etc. Programs also explain to households the option of Mainstream vouchers and assist them with eligibility. Maintaining landlord partners also enhances PH options for clients. These programs also: help clients find units, understand leases, return programs fees to help with moving costs, and maintain case management through the transition. The programs only terminate clients under the most extreme conditions and after numerous attempts to resolve the issue including reviewing the cases with their peers or the CoC Coordinator.

The Housing Authority (HA) prioritized Mainstream vouchers for people exiting PSH and RRH. They also secured Foster to Youth vouchers to provide access to affordable permanent housing for youth with child welfare involvement histories. And the HA and CoC are working on obtaining HUD-VASH vouchers. The CoC Coordinator monitors this measure and presents the information to the programs and the Governing Board on a regular basis so that programmatic adjustments can be made accordingly.

2C-4.	Returns to Homelessness–CoC’s Strategy to Reduce Rate.	
	NOFO Section VII.B.5.e.	

Describe in the field below:	
1.	how your CoC identifies individuals and families who return to homelessness;
2.	your CoC’s strategy to reduce the rate of additional returns to homelessness; and
3.	provide the name of the organization or position title that is responsible for overseeing your CoC’s strategy to reduce the rate individuals and persons in families return to homelessness.

(limit 2,000 characters)

We had a 3% reduction in our return to homelessness rate within the 6-12 month period after exit.

1. The Coordinated Entry (CE) tool gives more points for previous episodes of homelessness thereby giving these households higher priority. Previous enrollment is also noted during HMIS enrollment. During the CE case reviews, the participating programs also consider this history to help make appropriate referrals to address chronic or recurring issues: such as lack of income, untreated illnesses, or weak rental histories. Additionally, the program who previously served the household often shares knowledge of the issues that may have led to the return which helps the enrolling program identify specific supports and approaches that are most likely to lead to housing stability.

2. The CoC programs work with clients while they are enrolled to address issues that could become housing barriers such as low income, lack of understanding of how to be a good renter, budgeting, stabilizing health issues, etc. The goal is to prepare the household for a stable exit to permanent housing. This may include ensuring the household remains connected to formal supports and the CoC program can even maintain case management for a few months after exit to assist with this transition. Additionally, the programs help the household identify warning signs of their housing becoming unstable such as the previous precipitating factors. Then a list of specific resources to call including homeless prevention & utility assistance programs is given to the exiting households so they know how to secure additional supports prior to another episode of homelessness occurring. The Housing Authority also has a protocol to refer households with missed payments for assistance prior to eviction.
3. The CoC Coordinator monitors this measure and presents the information to the programs and the Governing Board on a regular basis so that programmatic adjustments can be made accordingly.

2C-5.	Increasing Employment Cash Income-Strategy.	
	NOFO Section VII.B.5.f.	

Describe in the field below:	
1.	your CoC's strategy to increase employment income;
2.	how your CoC works with mainstream employment organizations to help individuals and families increase their cash income; and
3.	provide the organization name or position title that is responsible for overseeing your CoC's strategy to increase income from employment.

(limit 2,000 characters)

Please note there is an error on our FY 2020 Sys PM for the total income measures. When corrected, those measures show that we had an 8% increase for stayers and a 7.5% increase for leavers. For employment income, we had reductions of 3% for stayers and 4% for leavers. This is not surprising given the report period occurred during the State's pandemic lock down and while many service restrictions were in place thereby severely limiting job prospects.

1. Our strategy to increase employment income starts at enrollment when the CoC programs and clients identify strengths, areas for improvement, and develop goals. Clients who have the ability and desire to work are referred to: local jobs (babysitting, grass cutting, retail etc), CareerLink (the PA Dept of Labor & Industry's initiative to connect job-seekers and employers), Job Training (a channel between the workforce and local job needs), and Beaver County Rehabilitation Center (vocational training for individuals with disabilities). These programs work with the clients to enhance skills (both hard and soft) and prepare them for the workplace. They achieve this through workshops, trainings, job fairs, job coaching etc. The CoC programs stay engaged with clients through the process to help address any challenges and ensure consistent follow through. Clients may need education to increase their income so the programs will refer them to GED prep, community college, or local colleges.

2. Our mainstream employment partners regularly attend our monthly CoC member meeting. They provide updates on new offerings, job opportunities, and reminders for how to apply for assistance. One partner is working to

enhance their program connection with the CoC funded programs. Another employment partner serves on our Governing Board and served as one of the reviewers for the ranking process.
 3. The CoC Coordinator and the programs monitor these measures throughout the year and make programmatic adjustments accordingly.

2C-5a.	Increasing Employment Cash Income–Workforce Development–Education–Training.	
	NOFO Section VII.B.5.f.	

Describe in the field below how your CoC:	
1.	promoted partnerships and access to employment opportunities with private employers and private employment organizations, such as holding job fairs, outreach to employers, and partnering with staffing agencies; and
2.	is working with public and private organizations to provide meaningful education and training, on-the-job training, internships, and employment opportunities for program participants.

(limit 2,000 characters)

Please note there is an error on our FY 2020 Sys PM for the total income measures. When corrected, those measures show that we had an 8% increase for stayers and a 7.5% increase for leavers. For employment income, we had reductions of 3% for stayers and 4% for leavers. This is not surprising given the report period occurred during the State’s pandemic lock down and while many service restrictions were in place thereby severely limiting job prospects.

1. Our strategy to increase employment income starts at enrollment when the CoC programs and clients identify strengths, areas for improvement, and develop goals. Clients who have the ability and desire to work are referred to: local jobs (babysitting, grass cutting, retail etc), CareerLink (the PA Dept of Labor & Industry’s initiative to connect job-seekers and employers), Job Training (a channel between the workforce and local job needs), and Beaver County Rehabilitation Center (vocational training for individuals with disabilities). These programs work with the clients to enhance skills (both hard and soft) and prepare them for the workplace. They achieve this through workshops, trainings, job fairs, job coaching etc. The CoC programs stay engaged with clients through the process to help address any challenges and ensure consistent follow through. Clients may need education to increase their income so the programs will refer them to GED prep, community college, or local colleges.

2. Our mainstream employment partners regularly attend our monthly CoC member meeting. They provide updates on new offerings, job opportunities, and reminders for how to apply for assistance. One partner is working to enhance their program connection with the CoC funded programs. Another employment partner serves on our Governing Board and served as one of the reviewers for the ranking process.

3. The CoC Coordinator and the programs monitor these measures throughout the year and make programmatic adjustments accordingly.

2C-5b.	Increasing Non-employment Cash Income.	
	NOFO Section VII.B.5.f.	

Describe in the field below:	
1.	your CoC’s strategy to increase non-employment cash income;

2.	your CoC's strategy to increase access to non-employment cash sources; and
3.	provide the organization name or position title that is responsible for overseeing your CoC's strategy to increase non-employment cash income.

(limit 2,000 characters)

According to our 2020 Sys PM report, we had an 11% increase for both stayers and leavers in non-employment cash income.

1. Our strategy to increase non-employment income begins with the initial assessment when the CoC programs help households to identify strengths, areas for improvement, and to develop goals. It is during this assessment that income status is discovered. For households who are not able to work, the CoC programs refer them to non-employment income resources such as: Dept. of Human Resources (TANF, SNAP etc), Social Security, SOAR trained staff, and other retirement/pensions for which the household may be eligible. The program case managers assist the households with completing applications, obtaining and submitting required documents, and completing all necessary follow up. This helps ensure that the households actually receive the assistance for which they are eligible. Also these non-employment cash resources are invited to our monthly meeting and are on our listserv – meaning they receive important updates about the special challenges faced by homeless households.

2. The CoC Coordinator is also on the listserv of several non-employment income resources and receives updates from them. These updates proved especially helpful during the pandemic as new resources and eligibility criteria developed. The CoC Coordinator then shares such updates with CoC partners via her listserv and/or at the monthly member meeting. Keeping CoC programs abreast of the eligibility requirements for these resources helps them to better screen their clients for eligibility and to assist them with navigating the application processes. Additionally, the CoC encourages CoC programs to have a SOAR trained staff member to assist their eligible clients with obtaining Social Security Disability Income.

3. The CoC Coordinator and the programs monitor these measures throughout the year and make programmatic adjustments accordingly.

3A. Coordination with Housing and Healthcare Bonus Points

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
 - Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
 - FY 2021 CoC Application Detailed Instructions—essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
 - 24 CFR part 578

3A-1.	New PH-PSH/PH-RRH Project—Leveraging Housing Resources.	
	NOFO Section VII.B.6.a.	

Is your CoC applying for a new PSH or RRH project(s) that uses housing subsidies or subsidized housing units which are not funded through the CoC or ESG Programs to help individuals and families experiencing homelessness?	No
---	----

3A-1a.	New PH-PSH/PH-RRH Project—Leveraging Housing Commitment. You Must Upload an Attachment to the 4B. Attachments Screen.	
	NOFO Section VII.B.6.a.	

Select yes or no in the chart below to indicate the organization(s) that provided the subsidies or subsidized housing units for the proposed new PH-PSH or PH-RRH project(s).

1.	Private organizations	No
2.	State or local government	No
3.	Public Housing Agencies, including use of a set aside or limited preference	No
4.	Faith-based organizations	No
5.	Federal programs other than the CoC or ESG Programs	No

3A-2.	New PSH/RRH Project—Leveraging Healthcare Resources.	
	NOFO Section VII.B.6.b.	

Is your CoC applying for a new PSH or RRH project that uses healthcare resources to help individuals and families experiencing homelessness?	Yes
--	-----

3A-2a.	Formal Written Agreements–Value of Commitment–Project Restrictions. You Must Upload an Attachment to the 4B. Attachments Screen.	
	NOFO Section VII.B.6.b.	

1.	Did your CoC obtain a formal written agreement that includes: (a) the project name; (b) value of the commitment; and (c) specific dates that healthcare resources will be provided (e.g., 1-year, term of grant, etc.)?	No
2.	Is project eligibility for program participants in the new PH-PSH or PH-RRH project based on CoC Program fair housing requirements and not restricted by the health care service provider?	No

3A-3.	Leveraging Housing Resources–Leveraging Healthcare Resources–List of Projects.	
	NOFO Sections VII.B.6.a. and VII.B.6.b.	

If you selected yes to question 3A-1. or 3A-2., use the list feature icon to enter information on each project you intend for HUD to evaluate to determine if they meet the bonus points criteria.

Project Name	Project Type	Rank Number	Leverage Type
FY 2021 Rapid Reh...	RRH	9	Healthcare

3A-3. List of Projects.

1. What is the name of the new project? FY 2021 Rapid Rehousing Expansion

2. Select the new project type: RRH

3. Enter the rank number of the project on your CoC's Priority Listing: 9

4. Select the type of leverage: Healthcare

3B. New Projects With Rehabilitation/New Construction Costs

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions—essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

3B-1.	Rehabilitation/New Construction Costs—New Projects.	
	NOFO Section VII.B.1.r.	

Is your CoC requesting funding for any new project application requesting \$200,000 or more in funding for housing rehabilitation or new construction?	No
--	----

3B-2.	Rehabilitation/New Construction Costs—New Projects.	
	NOFO Section VII.B.1.s.	

If you answered yes to question 3B-1, describe in the field below actions CoC Program-funded project applicants will take to comply with:

- | | |
|----|---|
| 1. | Section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u); and |
| 2. | HUD’s implementing rules at 24 CFR part 75 to provide employment and training opportunities for low- and very-low-income persons, as well as contracting and other economic opportunities for businesses that provide economic opportunities to low- and very-low-income persons. |

(limit 2,000 characters)

This is not applicable to our CoC.

3C. Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
 - Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
 - FY 2021 CoC Application Detailed Instructions—essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
 - 24 CFR part 578

3C-1.	Designating SSO/TH/Joint TH and PH-RRH Component Projects to Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes.	
	NOFO Section VII.C.	

Is your CoC requesting to designate one or more of its SSO, TH, or Joint TH and PH-RRH component projects to serve families with children or youth experiencing homelessness as defined by other Federal statutes?	No
--	----

3C-2.	Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes. You Must Upload an Attachment to the 4B. Attachments Screen.	
	NOFO Section VII.C.	

If you answered yes to question 3C-1, describe in the field below:

- | | |
|----|---|
| 1. | how serving this population is of equal or greater priority, which means that it is equally or more cost effective in meeting the overall goals and objectives of the plan submitted under Section 427(b)(1)(B) of the Act, especially with respect to children and unaccompanied youth than serving the homeless as defined in paragraphs (1), (2), and (4) of the definition of homeless in 24 CFR 578.3; and |
| 2. | how your CoC will meet requirements described in Section 427(b)(1)(F) of the Act. |

(limit 2,000 characters)

4A. DV Bonus Application

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions—essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

4A-1.	New DV Bonus Project Applications.	
	NOFO Section II.B.11.e.	

Did your CoC submit one or more new project applications for DV Bonus Funding?	No
Applicant Name	
This list contains no items	

4B. Attachments Screen For All Application Questions

We prefer that you use PDF files, though other file types are supported. Please only use zip files if necessary.

Attachments must match the questions they are associated with.

Only upload documents responsive to the questions posed—including other material slows down the review process, which ultimately slows down the funding process.

We must be able to read the date and time on attachments requiring system-generated dates and times, (e.g., a screenshot displaying the time and date of the public posting using your desktop calendar; screenshot of a webpage that indicates date and time).

Document Type	Required?	Document Description	Date Attached
1C-14. CE Assessment Tool	Yes	CE Assessment Tool	11/08/2021
1C-7. PHA Homeless Preference	No	PHA Homeless Pref...	10/27/2021
1C-7. PHA Moving On Preference	No	PHA Moving On Pre...	10/27/2021
1E-1. Local Competition Announcement	Yes	Local Competition...	11/01/2021
1E-2. Project Review and Selection Process	Yes	Project Review an...	11/01/2021
1E-5. Public Posting–Projects Rejected-Reduced	Yes		
1E-5a. Public Posting–Projects Accepted	Yes	Public Posting - ...	11/01/2021
1E-6. Web Posting–CoC-Approved Consolidated Application	Yes		
3A-1a. Housing Leveraging Commitments	No		
3A-2a. Healthcare Formal Agreements	No		
3C-2. Project List for Other Federal Statutes	No		

Attachment Details

Document Description: CE Assessment Tool

Attachment Details

Document Description: PHA Homeless Preference

Attachment Details

Document Description: PHA Moving On Preference

Attachment Details

Document Description: Local Competition Announcement

Attachment Details

Document Description: Project Review and Selection Process

Attachment Details

Document Description:

FY2021 CoC Application	Page 53	11/10/2021
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Attachment Details

Document Description: Public Posting - Projects Accepted

Attachment Details

Document Description:

Submission Summary

Ensure that the Project Priority List is complete prior to submitting.

Page	Last Updated
1A. CoC Identification	09/15/2021
1B. Inclusive Structure	11/09/2021
1C. Coordination	11/09/2021
1C. Coordination continued	11/09/2021
1D. Addressing COVID-19	11/09/2021
1E. Project Review/Ranking	Please Complete
2A. HMIS Implementation	11/05/2021
2B. Point-in-Time (PIT) Count	11/02/2021
2C. System Performance	11/09/2021
3A. Housing/Healthcare Bonus Points	11/09/2021
3B. Rehabilitation/New Construction Costs	11/03/2021

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3C. Serving Homeless Under Other Federal Statutes	11/06/2021
4A. DV Bonus Application	11/03/2021
4B. Attachments Screen	Please Complete
Submission Summary	No Input Required



Beaver County, PA Continuum of Care CE Assessment Tool

- Please note that this attachment shows the CE questions and how each one is scored. The CE screeners use a tool (with all the same questions) that automatically calculates the points based on each response thereby reducing time and error when conducting the screening. This enables the screener to remain fully engaged with the clients and not distracted by calculating points. We thought that HUD would want to see how we scored our CE tool so we attached this document instead.

Beaver County Continuum of Care
Coordinated Entry
Standardized Screening Tool

GENERAL INFORMATION

First Name		Last Name	
Nickname		Social Security Number	
How old are you?	Date of Birth?	Has Consented to Participate? Yes ____ No ____	
<p>What's the best way to contact you?</p> <p>Phone/Text: _____ Is it okay to leave a message?: _____</p> <p>Social Media: _____</p> <p>Email: _____</p> <p>Location (if your phone is turned off is there somewhere we can find you or leave a message): _____</p> <p>Times: _____</p> <p>Secondary contact person: _____</p>			
FAMILY CONFIGURATION (If a family unit, answer the family unit questions below)			POINTS
Number and age of adults: Number and age of dependent children: Is anyone pregnant?: Is anyone a veteran?: If pregnant, add 1 point If a veteran, add 1 point If a family with 4 or more dependent children, add 1 point If CYs involvement, add 1 point If over 60, add 1 point If HoH of family is under 24 with a child under the age of 5, add 1 point If HoH is 18-22 and transitioning out of foster care, add 1 point			
A lot of people we see have been hurt by their partners or family members. Is this a safe time/place for me to ask you about this? Because of how your intimate partner treats you, are fleeing your living situation or is it unsafe? <i>If yes, 1 point and follow "DV Protocol".</i>			
GENERAL INFORMATION total score			

PREVENTION/DIVERSION

1. Where did you sleep last night? <i>If a hotel, who paid for it? If ES, Emerg Lodging, or BC On-Call skip to Section A</i>	
2. Was it a safe location?	
3. Why did you leave?	
4. Could you stay there again tonight? What would you need to make that happen?	

Beaver County Continuum of Care
Coordinated Entry
Standardized Screening Tool

If safe arrangements can be made at the previous night's location, stop this screening and divert the household to prevention services: HAP, ESG, SSVF, St. Vincent DePaul. If the person is in a DV situation and are referred to prevention services, also notify the Compliance Officer at The Cornerstone (724.846.6400). If safe arrangements cannot be made make emergency housing referral: Crossroads, Women's Center, BC On-Call, Emergency Lodging Program AND CONTINUE WITH SCREENING.

A. HISTORY OF HOUSING & HOMELESSNESS Spend some time asking about homelessness in a few ways, i.e: what led to this point, when did you last have a lease, where are you planning on sleeping tonight, where do you feel safe, etc. It may help to draft a timeline.

<i>For the first two questions, if the person has experienced a continuous year homeless or 4 episodes of homelessness in 3 years give two points</i>	Response	Points
1. In the past 3 years, what is the total time you have lived on the streets or in a shelter?		
2. In the past 3 years, how many times have you been homeless? (being homeless includes living outside, being in a shelter, living a car, then, abandoned building, or a place not meant for human habitation).		
3. I am going to read types of places that people sleep. In the past 6 months, please tell me which one that you sleep at most often. (Give 1 point for the answer other than shelter)	<input type="checkbox"/> Shelter <input type="checkbox"/> Outside <input type="checkbox"/> Car/RV <input type="checkbox"/> Park or riverbank <input type="checkbox"/> Hotel <input type="checkbox"/> Other:	
4. Are there any reasons that you cannot use one of the emergency shelters?	<input type="checkbox"/> Yes (give 1 pt) <input type="checkbox"/> No (give 0 pts)	
5. When you were homeless before did you ever receive temporary assistance to help you move back into housing such as temporary rental assistance, deposits, help with moving costs, or Permanent Supportive Housing etc? <i>If YES ask if they received that kind of assistance once, or if it happened more than once. Ask if you can check HMIS to see if they've been served before?</i>	<input type="checkbox"/> Yes 1+ (give 2 pts) <input type="checkbox"/> Yes once (give 1 pt) <input type="checkbox"/> No (give 0 pts)	
6. Do you have any evictions? Have you been asked to leave your rental apartment or did the landlord use legal papers to ask you to leave?	If yes go to next question	
7. How many evictions do you have?	<input type="checkbox"/> 1-2 (give 1 pts) <input type="checkbox"/> 3+ (give 2 pts)	
8. Do you owe any landlords money?	<input type="checkbox"/> Yes (give 1 pt) <input type="checkbox"/> No (give 0 pts)	
9. Have you ever lived in public housing, The Housing Authority, or any other	Info only	N/A

Beaver County Continuum of Care
Coordinated Entry
Standardized Screening Tool

subsidized housing?		
10. What circumstances led to you not having a place of your own?	Info only	N/A
11. Do you have a criminal history that includes: - Offences that make it hard to find housing (arson, sex offender, made meth)? If yes give, 3 points - Drug offences or crimes against people or property? If yes, give 2 points - Minor moving violations, misdemeanors etc? If yes, give 1 point		
Housing & Homeless total score		

B. RISKS Explain that you are going to ask some questions about interactions in the last 6 months with health and emergency services. State you can help them figure out when 6 months ago was if needed.

<i>Total the number of interactions across questions 12-16 then score 1 point for 1-3 experiences ; 2 pts for 3-7; and 3 pts for 8+ experiences</i>	Response	Points
12. In the last 6 mos, how many times have you been to the emergency room?		
13. In the last 6 mos, how many times have you had any interaction with police?		
14. In the last 6 mos, how many times have you been taken to the hospital in an ambulance?		
15. In the last 6 mos, how many times have you used a crisis service, including D&A services, homeless hotline, or suicide hotlines?		
16. In the last 6 mos, how many times have you been hospitalized for MH, D&A, and/or physical health?		
<i>If Yes to question 17 or 18, then score 1 point</i>		
17. Have you been attacked (physically or verbally), robbed, or beaten up since becoming homeless?		
18. Have you threatened or tried to harm yourself or anyone else in the last year?		
19. Do you have any legal stuff going on right now that may result in you being locked up or having to pay fines? Do you have any pending charges? Are you on probation? Are you paying any fines?	__ Yes (give 1 pt) __ No (give 0 pts)	
20. Does anyone in the household, beside you, have a physical, mental health, or developmental disability?	__ Yes (give 1 pt) __ No (give 0 pts)	
<i>If yes to questions 21 or 22, then score 1 point</i>		
21. Does anybody force or trick you to do things that you do not want to do or that are uncomfortable?		
22. Have you ever done things that may be considered risky like exchange sex for money, run drugs for someone, have unprotected sex with someone you don't really know, share a needle, or anything like that?		
RISKS total score		

C. SOCIALIZATION & DAILY FUNCTIONS

<i>If YES to question 23 or NO to questions 24 or 25, then score 1 point</i>	Response	Points
23. Is there anybody who thinks you owe them money (such as family, friends, landlords, utilities, PHA)?		

Beaver County Continuum of Care
Coordinated Entry
Standardized Screening Tool

24. Do you have any money coming in on a regular basis (formal or informal)?		
25. Do you have enough money to meet all of your expenses on a monthly basis?		
26. What is your monthly income right now?	- 30% AMI or higher (give 0 pts) - 16-29% AMI (1 pt) - 15% AMI or lower (give 2 pts) - 0 income (give 3 pts)	
27. Do you have any planned activities each day other than just surviving that bring you happiness and fulfillment? <i>If no, give 1 point</i>		
28. Do you have anyone who you can depend on? <i>If no, give 1 point</i>		
<i>If Yes to question 29 or 30, then score 1 point</i>		
29. Do you have any friends, family or other people in your life out of convenience or necessity but you do not like their company?		
30. Do you have any friends, family, or other people in your life who ever take your money, borrow cigarettes, use your drugs, drink your alcohol, or get you to do things you really don't want to do?		
<i>OBSERVE ONLY. If Yes, then score 1 point</i>		
31. Do you detect signs of poor hygiene or daily living skills? Or has it been reported to you by a reputable source?		
Socialization & Daily Functions total score		

D. WELLNESS

<i>Total the responses for questions 30-32 in the Medical Score box.</i>	Response	Points
32. Where do you usually go for healthcare or when you're not feeling well? <i>If the response is DOES NOT GO FOR CARE or HOSPITAL, score 1 point.</i>	<input type="checkbox"/> PCP <input type="checkbox"/> Clinic <input type="checkbox"/> VA <input type="checkbox"/> Other: <input type="checkbox"/> Hospital <input type="checkbox"/> Does Not Go For Care	Medical Score
33. Do you have now, have you ever had, or has a healthcare provider ever told you have any on-going physical health issues? If yes, how many health issues? Score: 1 issue = 1point; 2-3 issues = 2points; 4 or more issues = 3 points		
34. OBSERVE ONLY. Do you observe signs of a serious health condition? Or has it been reported to you by a reputable source?	If yes, 1 pt	
<i>For questions 35-40, score 1 point for each yes response</i>		
35. Have you consumed alcohol and/or drugs almost every day or every day for the past month?		D&A Score
36. Have you ever used illegal injection drugs?		

Beaver County Continuum of Care
Coordinated Entry
Standardized Screening Tool

37. Have you blacked out because of your alcohol or drug use in the past month?		
38. Have you ever had problematic drug or alcohol use, abused drugs or alcohol, or told that you do?		
39. Have you ever been treated for drug or alcohol problems and returned to drinking or using drugs?		
40. OBSERVE ONLY. Do you observe signs of problematic alcohol or drug use? Or has it been reported to you by a reputable source?		
<i>For questions 41-46, score 1 point for each yes response.</i>		
41. Have you ever been taken to a hospital against your will for a mental health reason?		Mental Health Score
42. Gone to the ER because you weren't feeling 100% well emotionally or because of your nerves?		
43. Spoken with a psychiatrist, psychologist or other mental health professional in the last 6 months because of your mental health – whether that was voluntary or because someone insisted that you do so?		
44. Have you ever had or been told you have a brain injury, head trauma, learning disability, or developmental disability? Do you have an IEP?		
45. Do you have any problems concentrating and/or remembering things that negatively impacts your life?		
46. OBSERVE ONLY. Do you detect signs of severe, persistent mental illness or severely compromised cognitive functioning? Or has it been reported to you by a reputable source?		
If Medical Score is at least 1, AND D&A Score is 1 AND the Mental Health Score is 1, then score 1 additional point here for tri-morbidity.		
47. Have you had any medicines prescribed to you by a doctor that you do not take (i.e. you sold them, they were stolen or misplaced, you discontinued use, or the scripts were never filled)?	If yes, give 1 point	
48. Have you experienced any emotional, physical, psychological, sexual, or other type of abuse or trauma in your life which contributed to your homelessness?	If yes, give 1 point	
WELLNESS total score		

COVID 19 RISK FACTORS

A yes response to any of these questions will give priority to the household.

49. Have you or anyone in your household been in a long term care facility such as a hospital, detox, or a rehabilitation center within the last 14 days or 2 weeks?

50. Have you or anyone in your household been in close contact with someone who has Covid-19 or showed signs of the illness?

51. Do you or anyone in your household have underlying medical conditions that place you at higher risk of contracting Covid-19? Please note, in order to protect our clients' privacy, we are not asking about specific diagnoses. If the client does not know which conditions the CDC identifies as risk factors, provide them with the CDC's list to review privately prior to them answering the question.

Beaver County Continuum of Care
Coordinated Entry
Standardized Screening Tool

SCORING SUMMARY

DOMAIN	SUBTOTAL	SCORING
General Information		PSH: 25+
History of Housing & Homelessness		
Risks		TH: 20-24
Socialization & Daily Functions		RRH: 0-19
Wellness		
TOTAL		

ADDITIONAL NOTES:

PERSON COMPLETING THIS TOOL: _____ **DATE:** _____



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Housing Authority of the County of Beaver - PHA Homeless Preference

Applicants will be offered the right to an informal review before being removed from the waiting list.

9.5 MISSED APPOINTMENTS

All applicants who fail to keep a scheduled appointment with the Housing Authority of the County of Beaver will be sent a notice of termination of the process for eligibility.

The Housing Authority of the County of Beaver will allow the family to reschedule for good cause. Generally, no more than one opportunity will be given to reschedule without good cause, and no more than two opportunities will be given for good cause. When good cause exists for missing an appointment, the Housing Authority of the County of Beaver will work closely with the family to find a more suitable time.

9.6 NOTIFICATION OF NEGATIVE ACTIONS

Any applicant whose name is being removed from the waiting list will be notified by the Housing Authority of the County of Beaver, in writing, that they have ten (10) business days from the date of the written correspondence to present mitigating circumstances or request in writing an informal review. The letter will also indicate that their name will be removed from the waiting list if they fail to respond within the timeframe specified. The Housing Authority of the County of Beaver system of removing applicant names from the waiting list will not violate the rights of persons with disabilities. If an applicant claims that their failure to respond to a request for information or updates was caused by a disability, the Housing Authority of the County of Beaver will verify that there is in fact a disability and the disability caused the failure to respond, and will provide a reasonable accommodation. An example of a reasonable accommodation would be to reinstate the applicant on the waiting list based on the date and time of the original application.

10.0 TENANT SELECTION AND ASSIGNMENT PLAN

10.1 PREFERENCES

The Housing Authority of the County of Beaver will select families based on the following preferences within each bedroom size category based on our local housing needs and priorities:

- A. Displaced person(s)
 - 1. An applicant is or will be involuntarily displaced if the applicant has vacated or will have to vacate his housing unit as a result of one or more of the following actions:

- i. A disaster, such as fire, or flood, that results in the uninhabitability of an applicant's unit;
- ii. Activity carried on by an agency of the United States or by any State or Local governmental body or agency in connection with code enforcement or a public improvement or development program;
- iii. Domestic violence of a recent or continuing nature that results in the applicant vacating a unit because of domestic violence or living in a unit with an individual who engages in such domestic violence. Domestic violence means actual or threatened physical violence directed against one or more members of the applicant by family by a spouse or other members of the applicant's household. For an applicant to qualify as involuntarily displaced because of domestic violence, the Housing Authority of the County of Beaver must determine that the domestic violence occurred recently or is of a continuing nature through certification by the Women's Center of Beaver County, and the applicant must certify that the person who engaged in such violence will not reside with the applicant family. If the applicant family is admitted, the Housing Authority of the County of Beaver may deny or terminate assistance to the family for breach of their certification;
- iv. Homelessness includes any person or family that lacks a fixed, regular and adequate nighttime residence and also has a primary nighttime residence that is a supervised publicly or privately operated shelter designated to provide temporary living accommodations (including welfare hotels, congregate shelters and transitional housing), or an institution providing temporary residence for persons intended to be institutionalized, or is a public or private place not designated for or intended for use as sleeping accommodations for human beings. A homeless family does not include individuals imprisoned or detained by an Act of Congress or State law.

B. Working families

1. A preference will be given to working families in the selection of applicants. Working families are defined as families where all or part of the family's total income is derived from wages and earned income. To qualify for the preference, a member of the household must have worked an average of 30 hours per week and must be continuously employed for a period of no less than six (6) months prior to the submission of the application.



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Housing Authority of the County of Beaver

- PHA Moving On Preference

5.0 SELECTING FAMILIES FROM THE WAITING LIST

5.1 WAITING LIST ADMISSIONS AND SPECIAL ADMISSIONS

The Housing Authority may admit an applicant for participation in the program either as a special admission or as a waiting list admission.

If HUD awards funding that is targeted for families with specific characteristics or families living in specific units, the Housing Authority of the County of Beaver will use the assistance for those families. If this occurs, the Housing Authority of the County of Beaver will maintain records demonstrating that these targeted housing choice vouchers were used appropriately. When one of these targeted vouchers turns over, the voucher shall be issued to applicants with the same specific characteristic as the targeted program describes.

5.2 PREFERENCES

Consistent with the Housing Authority of the County of Beaver Agency Plan, the Housing Authority of the County of Beaver will select families based on the following preferences based on local housing needs and priorities. They are consistent with the Housing Authority of the County of Beaver's Agency Plan and the Consolidated Plan that covers our jurisdiction.

A. Displaced person(s)

1. An applicant is or will be involuntarily displaced if the applicant has vacated or will have to vacate his housing unit as a result of one or more of the following actions.
 - i. A disaster, such as fire, or flood, that results in the uninhabitability of an applicant's unit;
 - ii. Activity carried on by an agency of the United States or by any State or Local governmental body or agency in connection with code enforcement or a public improvement or development program;
 - iii. Domestic violence of a recent or continuing nature that results in the applicant vacating a unit because of domestic violence or living in a unit with an individual who engages in such domestic violence. Domestic violence means actual or threatened physical violence directed against one or more members of the applicant by family by a spouse or other members of the applicant's household. For an applicant to qualify as involuntarily displaced because of domestic violence, the Housing Authority of the County of Beaver must determine that the domestic violence occurred recently or is of a continuing nature through certification by the Women's Center of Beaver County, and the applicant must certify that the person who engaged in such violence will not reside with the applicant family. If the applicant family is admitted, the Housing Authority of the

County of Beaver may deny or terminate assistance to the family for breach of their certification;

- iv. Homelessness includes any person or family that lacks a fixed, regular and adequate nighttime residence and also has a primary nighttime residence that is supervised publicly or privately operated shelter designated to provide temporary living accommodations (including welfare, hotels, congregate shelters and transitional housing), or an institution providing temporary residence for persons intended to be institutionalized, or is a public or private place not designated for or intended for use as sleeping accommodations for human beings. A homeless family does not include individuals imprisoned or detained by an Act of Congress or State Law.

B. Working families

1. A preference will be given to working families in the selection of applicants. Working families are defined as families where all or part of the family's total income is derived from wages and earned income and where the head, spouse, or sole member is employed by a third party for at least the minimum wage for a minimum of 20 hours a week for a minimum of 52 weeks.
2. Working families also include those families where a family member is enrolled in either job training or educational programs with the ultimate goal of securing full-time employment and self-sufficiency.
3. Applicant household whose head, spouse, or sole member is 62 or older or is receiving social security disability, supplemental security income, disability benefits, or any other payments based on individual's inability to work is also eligible for this preference.

C. Veterans' Preference

As established by an amendment to the Housing Authorities Law of 1937 known as Act 188 of October 27, 2014, the General Assembly of the Commonwealth of Pennsylvania hereby enacted the following:

"An authority shall provide a preference for any active duty United States service member or veteran. The preference shall extend to:

1. The household of which the service member or veteran is a member.
2. The surviving household members of a deceased service member or veteran who died of service-connected causes, provided:
 - i. The death occurred during active duty service or within five years of discharge from service.

- ii. The death occurred not more than five years from the date of application for housing.

The preference established by this section shall cumulative with any other preference allowed by the housing authority for which the applicant qualifies, so that service members or veterans have priority over non service Members and nonveterans within each preference category.

Nothing in this section shall be construed to supersede:

Any Federal law or regulation relating to or local preferences adopted pursuant to Federal law. Any Federal law or regulation concerning tenant eligibility and selection or local criteria adopted pursuant to Federal law.

-  D. Previously experienced homelessness and currently a client in a permanent supportive housing or rapid rehousing project.
- E. Eligible families or youth of the Family Unification Program.
- F. Eligible families transitioning from the:
 - 1. Tenant Based Rental Assistance (TBRA) Program funded by HUD Community Development Block Grant Dollars through the Community Development Program of Beaver County, or
 - 2. Bridge Subsidy Program funded by Beaver County Behavioral Health with Reinvestment Funds provided by the Commonwealth of Pennsylvania's Department of Public Welfare's Office of Mental Health and Substance Abuse Services (OMHSAS).
- G. All other applicants

5.3 ***SELECTION FROM THE WAITING LIST***

Based on the above preferences, all families in preference A will be offered housing before any families in preference B, preference B families will be offered housing before any families in preference C, preference C families will be offered housing before any families in preference D, preference D families will be offered housing before any families in preference E, preference E families will be offered housing before any families in preference F, preference F families will be offered housing before any families in preference G.

The date and time of application will be utilized to determine the sequence within the above-prescribed preferences.

Notwithstanding the above, if necessary to meet the statutory requirement that 75% of newly admitted families in any fiscal year be families who are extremely low-income (unless a different target is agreed to by HUD), the Housing Authority of the County of



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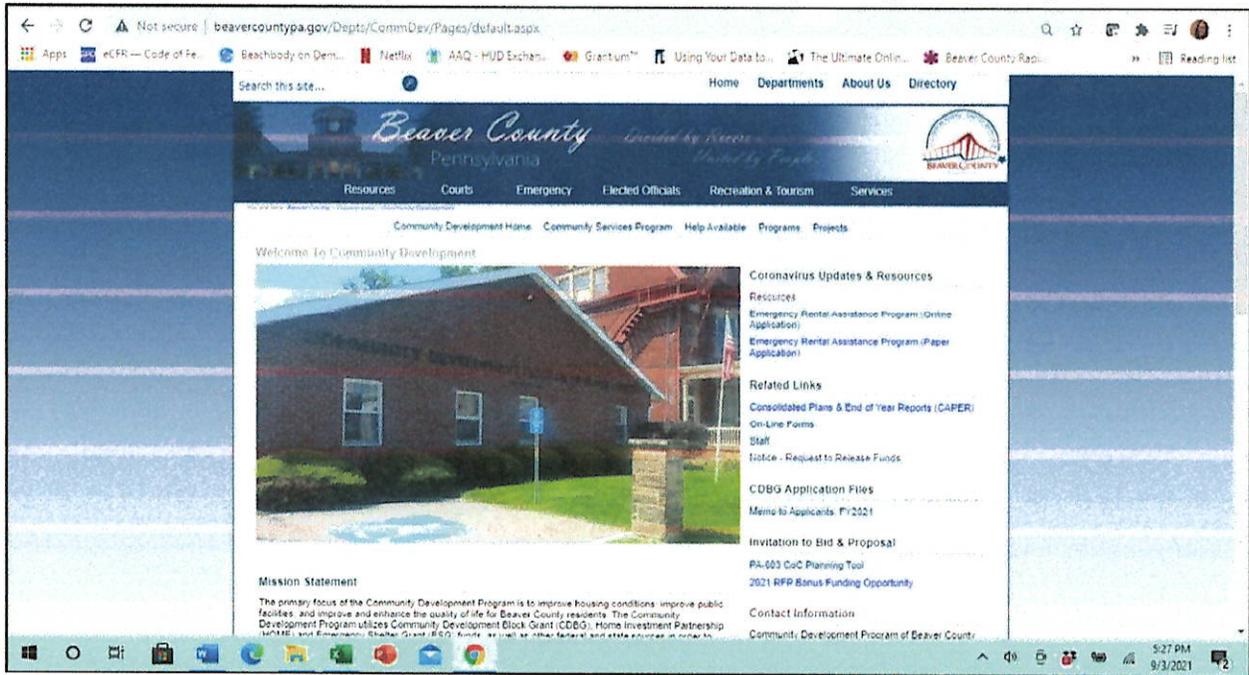
Beaver County, PA Continuum of Care Local Competition Announcement



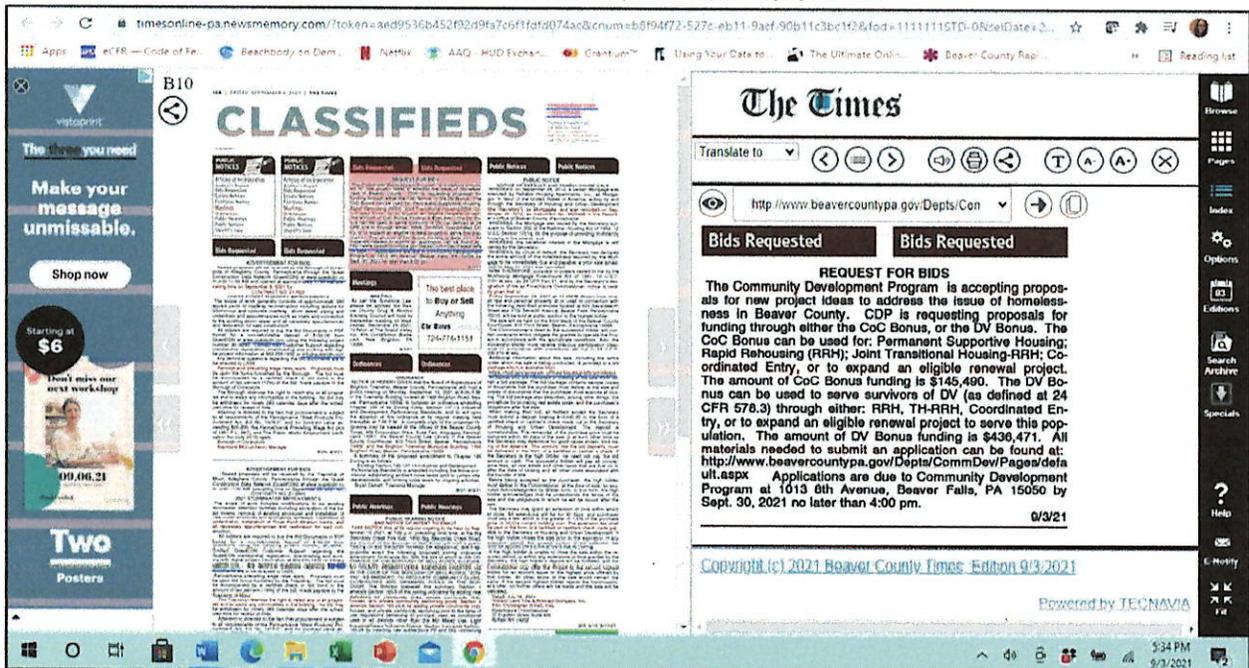
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NOTICES OF REQUESTS FOR PROPOSALS FOR BONUS FUNDING IN THE 2021 CoC FUNDING COMPETITION

1. Sent to CoC partners via email on 8/30/2021 – See attached email labeled #6. Please note that the attached document in the email included: the Request for Proposals, the CoC Strategic Planning Tool, and the *Review, Scoring, and Ranking Procedures*. (This email is embedded with the email listed in #6).
2. Posted on Collaborative Applicant’s website on 9/2/2021. Please note that the indicated document in this photo included both the Request for Proposals and the *Review, Scoring, and Ranking Procedures*.



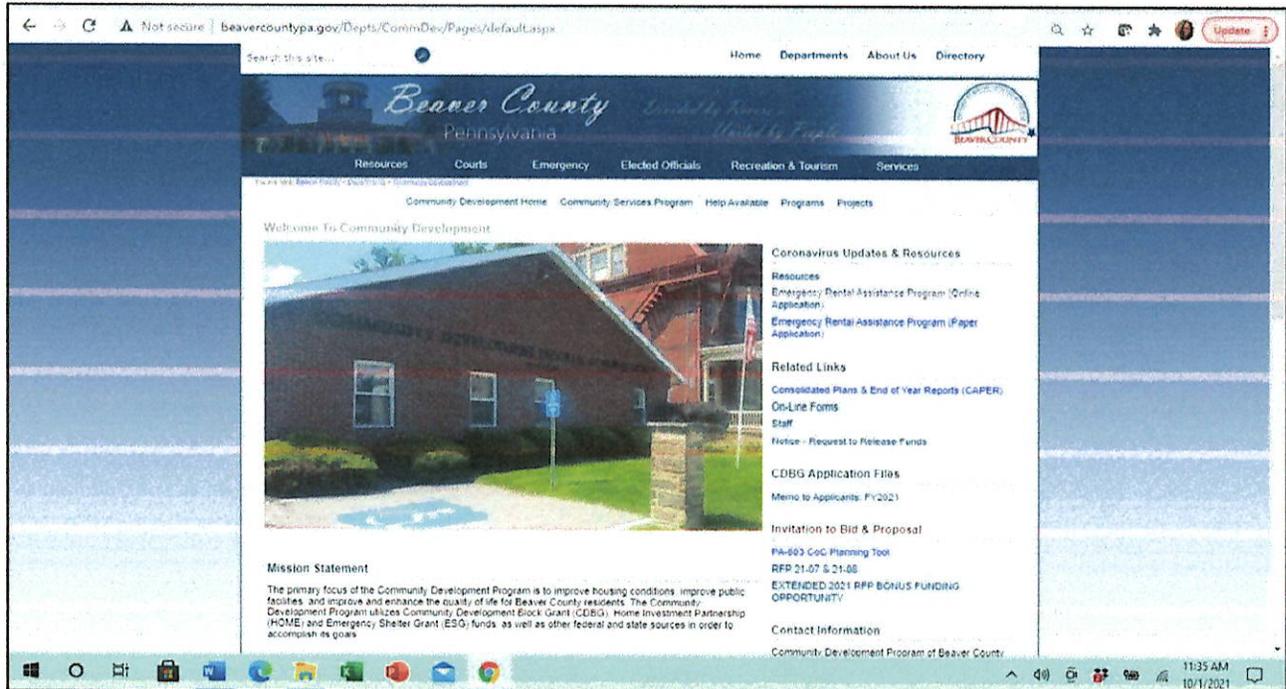
3. Posted in the local newspaper, The Beaver County Times, on 9/3/2021.





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4. Shared at the September 9, 2021 Housing & Homeless Coalition meeting - see attached meeting agenda.
5. Shared at the September 24, 2021 Steering Committee meeting – see attached meeting agenda.
6. Extended the deadline. Sent to CoC partners via email on 10/1/2021 – See attached email.
7. Updated on the Collaborative Applicant’s website on 10/1/2021.



8. The CoC Application Review, Scoring, and Ranking Procedures document – see attached. This was attached to the RFP in both emails and posted on the website.



Housing and Homeless Coalition of Beaver County

September 9, 2021
Meeting Agenda

Welcome and Housekeeping

Since the Housing & Homeless Coalition welcomes ideas, opinions, and knowledge from a broad spectrum of partners, meetings are open to the public and new members are always welcomed. Meetings take place the 2nd Thursday of every month at 1:30 pm on Zoom until further notice. The meetings are recorded to help prepare the meeting minutes but will not be shared or posted.

Archived Coalition Meeting Minutes are available at www.bccan.org

1. OPEN DISCUSSION

2. AGENDA

ERAP update

Eviction Moratorium Ended

➔ CoC Funding Opportunities – Requests for Proposals

Bed Availability

Dina Ciabattoni

Dina Ciabattoni

Dina Ciabattoni

Dina Ciabattoni

NEXT MEETING: October 14, 2021

SAVE THE DATES & OPPORTUNITIES

9/10/2021 Beaver County Zero Suicide Town Hall meeting 10am - 1:30 pm. Click here to join:

https://us02web.zoom.us/j/81584838779?tk=tBLYCxz2Y1L2BlfCskBX-cL.DIL8TLIgPozLwZir7Mgw.DQMAAAAS_tXYexYtRVRNSVI6Y1FVdUM4eXlqSVZrRIZRAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA&pwd=M3FNaGpRRnhxMUVraGUzOWlWODZ0dz09&uuiid=WN_dKNmvVjoTZKisEcDd-u2pw

9/14/21 Prepared Renter Education Program Part 1 at 11 am. To register, visit:

https://us02web.zoom.us/webinar/register/WN_vDoQFuBqRF2-t5lw4IKC1Q

9/30/2021 CoC Bonus Funding Proposals Due by 4 pm at Community Development Program (1013 8th Avenue Beaver Falls, PA)

10/21/21 Courageous Conversations: Housing & Faith Equity from 10 am – 12 pm. To register, visit:

<https://www.eventbrite.com/e/bridging-the-racial-divide-courageous-conversation-session-c-tickets-162598665987>

11/5/2021 Drug & Alcohol Town Hall Meeting Details coming!!

Information on NA meetings throughout the county (both in person and online), visit: beavervalleyna.org

FYI – The PA Dept. of Drug & Alcohol Program has established a 24 hour, 7 days/week hotline for those seeking D&A treatment services. The phone number is 1.800.662.4357.

The mission of the Housing and Homeless Coalition of Beaver County is to provide support, direction, and collaboration in effectively addressing the issues of homelessness and affordable, sustainable housing in Beaver County by identifying and utilizing all available resources.



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STEERING COMMITTEE MEETING AGENDA SEPTEMBER 24, 2021

Welcome

Agenda

- Updates:
 - Men's Emergency Shelter
 - Emergency Rental Assistance Program
 - Home4Good
- Vote on 4 CoC Policies
- Vote on Governance Charter
- Steering Committee membership need – Person with Lived Experience
- • CoC Funding Competition
- Open Discussion

2021 Meetings

~~10/15/2021~~ – rescheduled for 9/24/2021

Proposed 2022 Meetings

1/14/2022

4/22/2022

7/15/2022

10/14/2022



Dina Ciabattoni <ciabattomidina@gmail.com>

EXTENDED!!!: Request for Proposals: HUD Continuum of Care 2021 funding opportunity

1 message

Dina Ciabattoni <ciabattomidina@gmail.com>

Fri, Oct 1, 2021 at 10:49 AM

To: DSpencer@beavercountyhousing.org, Aarin Pasquale <Aarin.Pasquale@lutheranseniorlife.org>, Aaron Bingle <Aaron.Bingle@use.salvationarmy.org>, Abby Opal <aopal@mhabc.org>, Abby Yockum <abby@splas.org>, Abigail Young <a.young@trailsministries.org>, Ada Milliner <beamon88@hotmail.com>, Alexa Mapstone <AMapstone@nisource.com>, Alexis Cobb <alexis@cobbcounsel.com>, Alisa Balestra <abalestra@hpwassoc.com>, Amy Frank <amy.frank@use.salvationarmy.org>, Amy Frederick <afrederick@bccys.org>, Andre West <awest@brightonwellness.com>, Angela Masciantonio <a.masciantonio@thepreventionnetwork.org>, Angie Pope <angie.pope@ccbc.edu>, Arlene Durham <ceasardurh@aol.com>, Ashley Lamanna <ashley@keystonewellnessprograms.org>, Ashley McLaughlin <Amcloughlin@cornerstonebeaver.org>, Ashley Reckner <Ashley.Reckner@va.gov>, Barb Lowenhill <barb@lowenhill.com>, Barb Reed <breed270@yahoo.com>, Bea Favorite <bea.favorite@yahoo.com>, Ben DiNardo <bdinardo@beavercountypa.gov>, Beth Curran <bcurran@privateindustrycouncil.com>, Bill Braslawce <AttorneyBill1964@yahoo.com>, Brad Herr <bherr@beavercountypa.gov>, Branden Dudek <branden@centraloutreach.com>, Brandi Sabol <brandisabol@yahoo.com>, Brenda Kaszer <bkaszer@lifesteps.net>, Brett Campbell <brett@centraloutreach.com>, Brian Churovia <bchurovia@riverside.k12.pa.us>, Brian Yaworsky <BYaworsky@beavercountyhousing.org>, Brianna D'Itri <bdiitri@womenscenterbc.org>, Bryan Cook <Bryan.Cook@use.salvationarmy.org>, Bryan Shannon <bshannon@cornerstonebeaver.org>, Carla Braund <carla.braund@gmail.com>, Carmen Wilkerson <carmenbw@comcast.net>, Carol Kirk <mscarolkirk@gmail.com>, Carol Steele-Smith <csteele-smith@beavercountypa.gov>, Casey Seevers <cseevers@bccys.org>, Cassandra Remler <cremler@beavercountypa.gov>, Catherine Mort <cmort@wgmgt.com>, Cathy Smith <csmith@beavercountypa.gov>, Charlie Crawford <mysoulisquiet@yahoo.com>, Chelsea Ellsworth <cellsworth@pa.gov>, Cheryl Grala <CFST@mhabc.org>, Cheryl McClure <smcclure@friendshipridge.org>, Chris Anderson <canderson@cornerstonebeaver.org>, Chris Renda <crenda@bccys.org>, Christina Kirkland <Christina.kirkland@pacyber.org>, Christine Albaugh <calbaugh@mhabc.org>, Christy Miles <milesc@vlpwpa.org>, Chuck Thomas <cdthomas81@gmail.com>, Colleen M McKenzie <colleen.mckenzie55@gmail.com>, Colleen Tittiger <ctittiger@beavercountypa.gov>, Court Hower <chower@donservices.org>, Cyndi Gilkey <gilkeyc@nlsa.us>, Daleen Nimick <bvoutreach@northway.org>, Dan Camp <dcamp@beavercountypa.gov>, Dan Neff <daniel.neff@southwoodhospital.com>, Dan Slack <daniel.slack@va.gov>, Darcy Casey <darcycasey@att.net>, Darlene Thomas <dthomas@womenscenterbc.org>, David Brandon <david.brandon@westernbeaver.org>, David Cummings <davec@rhd.org>, David Simons <dsimons@abc-associates.org>, Dawn Bartha <dbartha@phfa.org>, Dean Anderson <derichmond@pa.gov>, Deana Law <dlaw@duqlight.com>, Deb Ferguson <dferguson@gladerun.org>, Debbie Martin <debra.martin@badenacademy.org>, Debbie Pugar <DPugar@beavercountyhousing.org>, Deborah Kunselman <dkunselman@beavercountypa.gov>, Dee and Tee Patillo <patillo2@earthlink.net>, Delia Gilbert <flygirl_1998_us@yahoo.com>, Denis Sutter <denis.sutter@beavercountyhabitat.org>, Denise Divittis <DeniseDivittis@pacses.com>, Denise Senft <carmen.senft@va.gov>, Dennis Thunberg <dthunberg@mhabc.org>, Denny Ugoletti <dugoletti@beavercountypa.gov>, Desiree Cokel <Desiree.Cokel@va.gov>, Dianne Funkhouser <dfunkhouser@washingtongreene.org>, E Hopping <EHopping@use.salvationarmy.org>, Elder Vogel <evogel@pasen.gov>, Elizabeth Pelesky <eapelesky@hvhs.org>, Emily Linkenheimer <e.linkenheimer@thepreventionnetwork.org>, Envoy Barnett <john.barnett@use.salvationarmy.org>, Erin Rathbun <Erin.Rathbun@beaconhealthoptions.com>, Faith Lambert <faith.lambert@southwoodhospital.com>, "Farzati, Gina" <ginafarzati@pacses.com>, Felecia Mycyk <felicia@ambridgeconnection.com>, "Felicia M. 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Hello all,

We are extending the due date for proposals for the 2021 CoC Funding Opportunities. It is now due on October 8, 2021 by 4:00 pm at the Community Development Program located at 1013 8th Avenue Beaver Falls, PA 15010. Selected proposals will then be expected to complete an application in e-snaps by October 14, 2021 by noon. All information you need to complete a proposal is included in the attached RFP.

You will also find the *CoC Strategic Planning Tool* and the *Review, Scoring, & Ranking procedures* attached to this email. These materials, including the amended RFP, can be found at: <http://www.beavercountypa.gov/Depts/CommDev/Pages/default.aspx>

We look forward to your proposals.

Dina Ciabattoni, LSW

Continuum of Care Coordinator of Beaver County
Phone: 724.987.0714

If you or someone you know is facing a housing crisis, call 724.846.6400 during business hours and 724.494.0726 outside of business hours for support.

----- Forwarded message -----

From: **Dina Ciabattoni** <ciabattomidina@gmail.com>

Date: Mon, Aug 30, 2021 at 1:11 PM

Subject: Request for Proposals: HUD Continuum of Care 2021 funding opportunity

Hello,

On August 18, 2021, HUD released the 2021 Notice of Funding Opportunity. There are two funding Bonuses in this NOFO. As the Collaborative Applicant for the CoC, the Community Development Program is requesting proposals for these funds. Attached you will find the Request for Proposals. Please note that proposals are due to the Community Development Program at 1013 8th Avenue Beaver Falls, PA 15010 by Sept. 30th, 2021 no later than 4 pm.

*The RFP included: CoC Strategic Planning Tool
Review, Scoring, & Ranking
Procedures*

Also, interested applicants may be interested in the HUD [webinar](#) on the CoC Competition scheduled for Sept. 2 at 3 pm.

All materials and resources for this RFP will be posted on the Community Development Program [website](#) by tomorrow.

Additional questions can be directed to me at this email address.

Dina Ciabattoni, LSW

Continuum of Care Coordinator of Beaver County

Phone: 724.987.0714

If you or someone you know is facing a housing crisis, call 724.846.6400 during business hours and 724.494.0726 outside of business hours for support.

3 attachments

 **Extended - 2021 RFP - Bonus Funding Opportunity.pdf**
165K

 **2021-2024 PA-603 CoC Strategic Planning Tool.pdf**
147K

  **Review, Score, & Ranking Procedures.pdf**
135K



25. CoC Application Review, Score, and Ranking Procedures

Below are the procedures that the Beaver County Continuum of Care (CoC) follows in the annual CoC Funding Competition to review, score, and rank accepted project applications.

- The CoC Coordinator assembles a subcommittee comprised of broad representation of our CoC partners including those with lived homeless experience. Selected members regularly attend the Housing & Homeless Coalition meetings, so they are familiar with the CoC funded programs, needs, and gaps in our services offerings. Additionally, the CoC Coordinator selects a few members with program management experience which gives them valuable knowledge for assessing the viability of new programs. Entities with projects in the Competition are not eligible for this subcommittee.
- Objective, standardized tools are used to review and score the programs. Various tools may be used to evaluate different program types to accurately assess their unique characteristics and objectives. Tools are updated annually to reflect both local and HUD priorities. The objective data used in the tools may include: cost effectiveness, performance outcomes (i.e. exits to PH, return to homelessness rate, length of time homeless, increasing income etc.), commitment to serving vulnerable and marginalized populations, history with addressing homelessness, and whether the program fills/will fill a unique CoC need.
- The CoC Coordinator sets a date that all projects are due in e-snaps which complies with the deadlines established in the current Notice of Funding Opportunity (NOFO). She reviews the project applications to ensure completeness and accuracy. Then she assembles packets for the subcommittee consisting of: the updated scoring tools, the project applications, detailed instructions, and a CoC Summary report which provides information on program participation in CoC activities, and outcome data from a variety of data sources including Annual Progress Reports, Program Monitoring scores, and System Performance Measures. Subcommittee members have 1 week to review and score the applications.
- The subcommittee then meets to review their score sheets for each project application. Members ask clarifying questions, and the CoC Coordinator provides program specific information as well as local context. Then subcommittee members have the opportunity to correct their score sheets if there was any misinterpretation in their initial review and they can adjust their scores accordingly. The final scores are then tallied to create the final priority list.
- The CoC Coordinator then informs all applicants outside of e-snaps about the status of their applications and their priority ranking. Additionally, the priority ranking list is shared publicly. These actions are completed within the deadlines established in the NOFO.
- These procedures are reviewed on an annual basis to ensure they are in compliance with the current NOFO and can be adjusted with the approval of the Beaver County Steering Committee as needed.

Adopted by the CoC Steering Committee through electronic vote on 8/30/2021.



PA-603 Continuum of Care
*Working toward the goal of ending
homelessness in Beaver County.*

Beaver County, PA Continuum of Care Public Posting – Projects Accepted



PA-603 Continuum of Care
*Working toward the goal of ending
homelessness in Beaver County.*

Public Postings of Projects Accepted and Ranked

1. Email sent on 10/27/2021 to all applicants informing them of their acceptance, rank, and the amount of funding requested. See attached email.
2. Public posting of the Accepted & Ranked CoC Projects on the Collaborative Applicant's website on 10/29/2021.



3. The "2021 Accepted & Ranked CoC Projects" document that was sent in the email and posted on the website. See attached.



Dina Ciabattoni <ciabattomidina@gmail.com>

2021 Accepted and Ranked CoC Projects

1 message

Dina Ciabattoni <ciabattomidina@gmail.com>

Wed, Oct 27, 2021 at 5:25 PM

To: Darcy Casey <darcycasey@att.net>, Renee Sannan <renee.sannan@use.salvationarmy.org>, Melissa Grimes <mgrimes@beavercountyhousing.org>, Marcelle Scott <mscott@crscares.org>, Marie Timpano <mtimpano@cornerstonebeaver.org>, Ashley McLaughlin <Amclaughlin@cornerstonebeaver.org>, Cathy Smith <csmith@beavercountypa.gov>, Marlene Landrum <mlandrum@beavercountypa.gov>

Hello all,

Thank you for your project submissions in the 2021 CoC Funding Competition. All renewals and new projects were accepted and ranked as outlined on the 2021 Accepted & Ranked attachment. It lists the projects in order of funding priority. This order was determined by the Review & Rank Committee by following the CoC Application Review, Score, and Ranking Procedures which is also attached to this email. These projects will be included in the Beaver County CoC Application to HUD.

Thank you again for your participation in the CoC Competition and for your commitment to ending homelessness in Beaver County.

Dina Ciabattoni, LSW

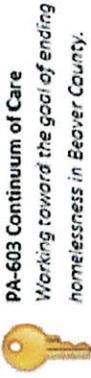
Continuum of Care Coordinator of Beaver County
Phone: 724.987.0714

If you or someone you know is facing a housing crisis, call 724.846.6400 during business hours and 724.494.0726 outside of business hours for support.

2 attachments

 **2021 Accepted and Ranked CoC Projects.pdf**
163K

 **CoC Application Review, Score, Ranking Procedures.pdf**
130K



2021 Priority List

AVAILABLE 2021 CoC FUNDING

Annual Renewal Demand: \$1,849,396

DV Bonus: \$436,471

CoC Bonus: \$145,490

Planning Grant amount (NOT RANKED): \$87,294

AMOUNT OF FUNDING REQUEST

Tier 1 Amount: \$1,849,396

Tier 2 Amount: \$107,500

Planning Grant: \$87,294

TOTAL REQUEST: \$2,044,190

RANK	APPLICANT NAME	PROJECT NAME	Rank & Review Score	PROJECT TYPE	COMPONENT TYPE	AMOUNT REQUESTED	TOTAL
1	Zachewicz Enterprises	CRS Stone Harbour	90%	RENEWAL	TH	\$387,888	\$387,888
2	The Cornerstone of Beaver County	Coordinated Entry	89.29%	RENEWAL	SSO/COORD. ENTRY	\$49,720	\$437,608
3	The Salvation Army, a New York Corporation	FY 2021 Rapid Rehousing	88.95%	RENEWAL	PH-RRH	\$162,346	\$599,954
4	Housing Authority of the County of Beaver	CARL Program 2021	88.66%	RENEWAL	PH-PSH	\$469,136	\$1,069,090
5	Community Development Program of Beaver County	HMIS 2021	87.5%	RENEWAL	HMIS	\$78,952	\$1,148,042
6	The Salvation Army, a New York Corporation	2021 Friendship Homes	85.47%	RENEWAL	PH-PSH	\$218,097	\$1,366,139
7	Housing Authority of the County of Beaver	Crescent Commons 2021 Renewal	84.01%	RENEWAL	PH-PSH	\$234,982	\$1,601,121
8	Housing Authority of Beaver County	Safely Home 2021	78.66%	RENEWAL	PH-RRH	\$248,275	\$1,849,396
9	The Salvation Army, a New York Corporation	2021 RRH - Expansion	91.96%	CoC Bonus	PH-RRH	\$80,000	\$1,929,396
10	The Cornerstone of Beaver County	Coordinated Entry - Expansion	87.95%	CoC Bonus	SSO/COORD. ENTRY	\$27,500	\$1,956,896
Not Ranked	Collaborative Applicant - County of Beaver	PA-603 CoC Planning Application FY 2021	N/A	PLANNING	CoC Planning Project App.	\$87,294	\$2,044,190

* Tier 2 includes projects in positions 9 and 10